



STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ENVIRONMENTAL HEALTH
PROFESSIONAL CERTIFICATION

PART I: APPLICANT INFORMATION [See instructions for completing application on reverse].

NAME: (LAST) (FIRST) (MI)
HOME ADDRESS:
CITY: STATE: ZIP:
PHONE # (H): () PHONE # (W): ()
EMPLOYER NAME:
EMPLOYER ADDRESS:
CITY: STATE ZIP:
APPLICANT'S CURRENT POSITION TITLE
APPLICANTS PERSONAL E-MAIL ADDRESS: HIRE DATE: / /

Are you a currently registered sanitarian or registered environmental health specialist with the Florida Environmental Health Association (FEHA) or the National Environmental Health Association? (NEHA) Yes No

Within the past five (5) years, have you had any disciplinary procedure involving the primary program area(s) for which you are seeking recertification? Yes No [If yes, please attach a statement and documentation explaining your answer].

PART II: CERTIFICATION

Certification may be obtained by 1) current professional credential as registered sanitarian or registered environmental health specialist, with FEHA or NEHA or 2) by examination(s). Indicate means to certification below:

Certification through Reciprocity - Persons who are registered sanitarians or registered environmental health professions may be granted certification in primary program areas, without additional testing, based on their professional credentials. Please provide a copy of the certificate of registration or the registration card showing date of expiration. The fee for certification is waived. Certification through reciprocity provides certification at ALL levels in the primary program areas.

Certification through Examination - Applicants must have graduated from an accredited college or university. Please provide an official copy of the transcripts from the college(s) or university(s) attended. These transcripts must substantiate 30 semester or 40 quarter hours in credited study in environmental health, environmental science, or in a physical or biological science or public health. The minimum passing score for an examination is 70%. Please remit the appropriate fees with application (see reverse).

PART III: PRIMARY PROGRAM AREA(S) AND LEVEL(S) FOR WHICH APPLICANT IS SEEKING CERTIFICATION

Onsite Sewage Treatment & Disposal Food Protection

PART IV: SIGNATURE

THE INFORMATION PROVIDED IN THIS APPLICATION IS A TRUE AND ACCURATE REPRESENTATION OF MY EDUCATIONAL BACKGROUND AND/OR EXPERIENCE. I UNDERSTAND THAT THE INFORMATION CONTAINED IN THE APPLICATION WILL SERVICE AS THE BASIS FOR CERTIFICATION IN ANY PROMARY AREA OF ENVIRONMENTAL HEALTH. I ALSO UNDERSTAND THAT I MUST ATTEND CONTINUNING EDUCATION PROGRAMS TO MAINTAIN AN ACTIVE CERTIFICATE.

SIGNATURE: DATE:

FOR OFFICE USE ONLY:

DATE RECEIVED: APPLICATION FEE PAID: \$ CERTIFICATION FEE PAID: \$
ELIGIBLE FOR EXAM YES/ NO/ NA NOTICE SENT EXAM DATE
EXAM SCORE CERTIFICATE ISSUED: CERTIFICATE NUMBER:
REVIEWED AND APPROVED BY: TITLE:

INSTRUCTIONS FOR COMPLETING DOH FORM 4100, APPLICATION FOR ENVIRONMENTAL HEALTH PROFESSIONAL CERTIFICATION

PART I: APPLICANT INFORMATION

1. Print or type the last name, first name and middle initial.
2. Provide the home mailing address, including city, state and zip code.
3. Provide home phone number including area code.
4. Provide employer name, address and phone number with area code.
5. Provide current position title.
6. Indicate if applicant is currently registered sanitarian or registered environmental health specialist with the Florida Environmental Health Association or the National Environmental Health Association.
7. Indicate if applicant has had or is currently involved in any disciplinary case within the primary program area(s) in which they are seeking certification. Attach statement and documentation explaining case.

PART II: CERTIFICATION

1. Indicate how applicant will obtain certification. Certification may be obtained by:
 - a) Reciprocity – Applicant must provide proof of current registration.
 - b) Examination – Applicant must provide official copy of transcripts to determine eligibility to sit for examination.

PART III:

1. Sign and date application.
2. Checks or money orders should be made payable to: Department of Health
3. Remit completed application and fees (see below) and “official transcripts” to:

Department of Health
Bureau of Environmental Health
Facility Programs Section
4052 Bald Cypress Way, Bin A08
Tallahassee, Florida 32399-1710
Attn: Environmental Health Professional Certification Program

Fees:

- (1) Application for certification including initial examination. \$25
- (2) Initial certification. \$25
- (3) Additional program certifications. \$10
- (4) The fee listed in (2) is for the biennial period, and shall be pro-rated to a half-period fee if certification is initially granted during the second year of the biennial period.