



Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299

APPLICATION FOR CERTIFICATION AS A REGISTERED/PROVISIONAL ENVIRONMENTAL HEALTH SPECIALIST

Check the appropriate box below:

(Please print or type application)

- Registered Environmental Health Specialist** **OR** **Provisional Environmental Health Specialist**
Check below the basis for application: (Has not met the Experience Requirements)
- Examination
 License in another jurisdiction – List the state/jurisdiction you are licensed in: _____

SECTION A – PERSONAL INFORMATION – All applicants must complete this section. This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi> NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
Additional information requested: (This information will not be displayed on the internet) Submit the required documentation of age, citizenship, etc. as listed on page 7 of this application.				
3	Date of Birth	Month/Day/Year	Place of Birth	City/State or Country
4	Check the Appropriate Box(s) and provide a number:	<input type="checkbox"/> Social Security Number (SSN);		SSN#
		<input type="checkbox"/> Alien Registration Number (“A#”); or		A#
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		I-94 #
If you have both a SSN and an A# or I-94 number, you must report both. <u>Neb. Rev. Stat. § 38-123</u> mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
5	**Phone #: (Optional)		**Fax #: (Optional)	
**E-Mail Address: (Optional)				

**If you provide us with this information, we can expedite your credential request if there is a problem with your application.

SECTION B – EDUCATION All applicants must complete this section. Have your educational institution submit an official transcript that documents your graduation date and degree obtained.

1	Institution Name			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
Graduation Date		Degree:	Major:	
2	Institution Name			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
Graduation Date		Degree:	Major:	

SECTION C – EXPERIENCE – Provisional applicants do not need to complete this section.

List Environmental Health Experience.

- **Baccalaureate Degree** – Must have been employed as an Environmental Health Specialist **at least two** years.
- **Degree higher than a Baccalaureate** – Must have been employed as an Environmental Health Specialist **at least one** year.
- **Provisional Environmental Health Specialist** – Has met the Educational Requirements but has **not** yet met the Experience Requirement.

1	Dates	From:		To:	
	Name of Employing Agency or Person				
	Address	Street/PO/Route:			
		City:	State:	Zip:	
Description of Work					
2	Dates	From:		To:	
	Name of Employing Agency or Person				
	Address	Street/PO/Route:			
		City:	State:	Zip:	
Description of Work					
3	Dates	From:		To:	
	Name of Employing Agency or Person				
	Address	Street/PO/Route:			
		City:	State:	Zip:	
Description of Work					

SECTION D– APPLICANTS MUST COMPLETE IF LICENSED IN ANOTHER STATE. Complete this section if you hold a credential as a Registered Environmental Health Specialist in another jurisdiction and are applying based on reciprocity.

1	Name of Agency Issuing License/Registration					
	Address	Street/PO/Route:				
		City:	State:		Zip:	
2	Date Issued		License/Registration #			
3	Name of Written Examination (if any)					
4	Have you been in active and continuous practice as a registered Environmental Health Specialist under such license/certificate or in an accepted residency or graduate program for one year of the three years immediately proceeding the date of an application for Nebraska certification?				YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
4a	If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice as an environmental health specialist. (Use an additional sheet if space is inadequate.)					
	Facility:					
	Address	Street:				
		City:	State:		Zip:	
	Dates					
	Facility					
	Address	Street:				
		City:	State:		Zip:	
	Dates					
	Facility					
	Address	Street:				
		City:	State:		Zip:	
Dates						
4b	Give location, address, and dates actively engaged in the practice as an environmental health specialist. (Use an additional sheet if space is inadequate.)					
	Facility					
	Address	Street:				
		City:	State:		Zip:	
	Dates					
	Facility					
	Address	Street:				
		City:	State:		Zip:	
	Dates					
	Facility					
	Address	Street:				
		City:	State:		Zip:	
Dates						
5	Have you been in active and continuous practice as a registered Environmental Health Specialist under license/registration by examination in the state, territory, or District of Columbia from which you come for at least one year following the issuance of such license/registration?				YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
5a	Give location, address, and dates actively engaged in the practice as an environmental health specialist. (Use an additional sheet if space is inadequate.)					
	Facility					
	Address	Street:				
		City:	State:		Zip:	
	Dates					
	Facility					
	Address	Street:				
		City:	State:		Zip:	
	Dates					
	Facility					
	Address	Street:				
		City:	State:		Zip:	
Dates						
6	Have you requested to have certification of your Environmental Health Specialist License or certificate sent to Nebraska?				YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>

SECTION E – CONVICTION AND LICENSURE INFORMATION All Applicants Must Complete This Section. Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty. Answer each of the following questions by placing an (X) in the appropriate box (yes or no) and completing the information requested. All ‘yes’ responses MUST be explained in detail and you must submit the requested documentation.

	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court / Entity Taking action
1	Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A copy of the Court Record, which includes charges and disposition;
- Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

		Yes	No			
2	Are you or have you been credentialed in any other state(s)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are/were you credentialed in?	What type of credential do/did you hold?	
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Certification of your license in each state that you hold or have held a license
- Official Documents from the State Board in which the disciplinary action was taken

SECTION F – EXAMINATION INFORMATION – ALL Applicants Must Complete This Section.

Have you taken the Registered Environmental Health Specialist Examination? Yes ____ No ____

Have you passed the Registered Environmental Health Specialist Examination? Yes ____ No ____

Date of Examination _____

Official documentation of passing the Registered Environmental Health Specialist Examination must be sent directly from the National Environmental Health Association to the Nebraska Licensure Unit.

The qualifying examination for Environmental Health Specialists certificate is administered through the National Environmental Health Association. Contact the [National Environmental Health Association](http://www.neha.org) (NEHA) for any questions regarding the examination:

National Environmental Health Association (NEHA)
 720 South Colorado Blvd.
 Suite 1000-N
 Denver, CO 80246-1925
 Phone: (303) 756-9090 ext. 337 or 339
www.neha.org

SECTION G – PRACTICE PRIOR TO CREDENTIAL An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you represented yourself in Nebraska as a Registered Environmental Health Specialist prior to this application for Certification?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
2	If yes, what is the actual number of days you represented yourself as a Registered Environmental Health Specialist in Nebraska prior to Certification?	# of days:	
	Name of Business:	City:	
	Name of Supervisor:	Telephone #:	

SECTION H – LICENSURE FEES

Provisional Environmental Health Specialist fee is \$116.

Registered Environmental Health Specialist fee, you will need to determine the month and year in which you are submitting your application and pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$116	\$116	\$116	\$116	\$116	\$116	\$29	\$29	\$29	\$29	\$29	\$29
Odd	\$116	\$116	\$116	\$116	\$116	\$116	\$116	\$116	\$116	\$116	\$116	\$116

** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

SECTION I - ATTESTATION (All Applicants must complete this section)

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

SEE NOTES ON NEXT PAGE FOR DOCUMENTATION THAT NEEDS TO BE SUBMITTED

Print Name: _____

Signature: _____ Date: _____

NOTE: The applicant must submit the following documentation:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Other Credentialing Info: If you hold or have held a credential to provide health services, health related services, or hearing aid services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
3. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
4. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - a. A copy of the court record, which includes charges and disposition;
 - b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5. Citizenship, lawfully admitted/present information: You must submit a copy of at least one of the following documents:

Any of the following documents provide proof of United States Citizenship:

 - a. A U.S. Passport (unexpired or expired);
 - b. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - c. An American Indian Card (I-872);
 - d. A Certificate of Naturalization (N-550 or N-570);
 - e. A Certificate of Citizenship (N-560 or N-561);
 - f. Certification of Report of Birth (DS-1350);
 - g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - h. Certification of Birth Abroad (FS-545 or DS-1350);
 - i. A United States Citizen Identification Card (I-197 or I-179);
 - j. A Northern Mariana Card (I-873);

Any of the following documents provide proof of lawfully admitted/present in the United States:

 - k. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - l. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - m. A document showing an Alien Registration Number ("A#"); or
 - n. A Form I-94 (Arrival-Departure Record).
6. Education: An official college transcript;
7. Examination: A Official Registered Environmental Health Specialist Examination Score Report sent directly to our office; and
8. Fee: The required fee.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

Certification of Registered Environmental Health Specialist License/Certificate

(Must be completed by licensing agency – Print or Type)

Our records indicate that _____ was licensed/certified as an _____
(Applicant's Name) (Profession)

on _____ and expires _____. The license/certificate was issued on the basis of the following
(Date) (Date)

written examination: _____.
(Name of Examination)

The exam was taken on _____ and the applicant's score was _____. If a written examination was not
(Date)

required, attach copies of documentation required for licensure/certification. Education and other requirements for
licensure/certification in _____ at the time this license/certificate was issued were:

and are currently: _____

(Copies of regulations/requirements for licensure/registration at the time of issuance and present requirements may be attached
as documentation.)

Based on the records of this department, the applicant's license/certificate:

(a) is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.

(b) has been disciplined.

Please explain any disciplinary action: _____

Name / Title / Date

Licensing Agency

Street / PO Box / Route

City / State / Zip Code

Signature

FORWARD THIS COMPLETED FORM TO:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure Unit

P.O. Box 94986

Lincoln, NE 68509-4986

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