

**NEBRASKA APPLICATION INFORMATION FOR
REGISTERED/PROVISIONAL ENVIRONMENTAL HEALTH
SPECIALIST**

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee and temporary license fee **may be waived**.

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

APPLICATION PROCESS - To apply for a License:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be and original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. **US Citizenship/Lawful Presence (must be at least 19 years old):**
U.S. Citizens, a PHOTOCOPY of one of the following:
- _____ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted)
 - _____ U.S. Passport (unexpired or expired).
 - _____ Certificate of Naturalization.
 - _____ Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:

- _____ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- _____ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- _____ Employment Authorization Card **AND one of the following**
 - _____ An approved deferred action status (DACA);
 - _____ A pending application for asylum in the United States;
 - _____ A pending or approved application for temporary protected status in the United States; or
 - _____ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of

Homeland Security. This process may take 4-6 weeks.

2. **Education and Transcript:** You must have your school or electronic transcript service submit an Official college or university transcript directly to our office. If sending by e-mail, send to DHHS.RehabOffice@nebraska.gov.

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

3. **Other State License Information:** If you hold or have held a health related license in any state you must contact that state and request a verification of your license (**do not send a copy of your license**).

4. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none">• MIP• DUI / DWI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear in Court• False Information or Reporting• Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Parks Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks• Bad Check• Not Wearing Seat Belt
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NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone at 402-471-0175.

- 5. **Examination:** Request the Official NEHA Score Report be sent directly to our office;
- 6. **Experience** Must have required experience to apply for the REHS.
- 7. **Additional Competency Information**, if applicable, documentation that may include: certificates of attendance; course objectives; letters documenting attendance from providers; and/or transcript from education institutions; of completing 24 continuing education hours:

STEP 2: Complete all pages and questions on the Application

Submit your application to the Licensure Unit	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions) <input type="checkbox"/> Experience (for REHS)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> NEHA Examination information <input type="checkbox"/> Competency Information (if necessary) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). Pay by check/money order; debit or credit card is not accepted.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

APPLICATION FOR CERTIFICATION AS A REGISTERED/PROVISIONAL ENVIRONMENTAL HEALTH SPECIALIST

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

Please print or type application

Check the appropriate box below:

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: _____

LICENSE FEES:

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **may be waived**. Check only one box:

Young Worker: I am under 26 years old.

Low-income Individual:

I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR

My household adjusted gross income is below 130% of the federal income poverty guideline.

Military Family: I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and unremarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:

Provisional Environmental Health Specialist fee is \$116.

Registered Environmental Health Specialist – You will need to determine the month and year in which you are submitting your application. Pay the amount in the corresponding box. **If the correct amount is not included with the application, the application will be returned.**

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

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

SECTION A – PERSONAL INFORMATION –

1	Legal Name	First:	Middle/MI:	Last:
	List any other names you have ever been known as (AKA), including maiden name and your last name on your birth certificate.			
2	Mailing Address	Street/PO/Route:		

		City:	State or Country:	Zip:
3	Date of Birth	Month/Day/Year	Place of Birth	City/State or Country
Social Security Number (SSN)				
Check the Appropriate Box(s)	Alien Registration Number ("A#):			
	I-94 #			
Neb. Rev. Stat. § 38-123 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 #:		**Fax #: (Optional)	
**E-Mail Address:				
Have you ever been denied the right to take a license examination in any State?				
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				

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 directly to our office.

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:	
<p>Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe <u>is substantially similar</u> to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.</p>				

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:
Description of Work			

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

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

Choose one of the following:

- A. I have taken and passed the NEHA certifying examination with a score of 68% or above or 650 or higher. I took the exam on _____. Contact NEHA and request a score report be sent to our office.
- B. I have passed the National Environmental Health Association certifying examination more than three years prior to this application and am not practicing at this time. I am submitting 24 hours of continuing education that was completed within the three years immediately preceding the application date.
- C. I am licensed in another jurisdiction (state) and I am not currently practicing. I am submitting 24 hours of continuing education that was completed within the three years immediately preceding the application date.
- D. I am a provisional license applicant who is ineligible to take the NEHA certifying exam at this time.

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

National Environmental Health Association (NEHA)
 720 South Colorado Blvd.
 Suite 1000-N
 Denver, CO 80246-1926
 Phone: (303) 756-9090
www.neha.org

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.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred).

	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 have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

SECTION F – ALL Applicants must complete this section. 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	Do you hold or have you ever held a license 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	If yes, 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

NOTE:

If you have disciplinary charges pending on your license/registration/certification in another state or if your license/registration/certification has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

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

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

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below):

I attest that:

- I am a citizen of the United States.
- I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

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;

Print Name: _____

Signature: _____ Date: _____

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

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 - REHS
P.O. Box 94986
Lincoln, NE 68509-4986
402-471-2299