#### New Jersey Department of Health PUBLIC HEALTH LICENSING AND EXAMINATION BOARD P.O. Box 360 Trenton, New Jersey 08625-0360

#### INSTRUCTIONS FOR COMPLETING THE

#### APPLICATION FOR REGISTERED ENVIRONMENTAL HEALTH SPECIALIST EXAMINATION

Please enclose an application filing fee of \$50.00 in the form of a check or money order made payable to *"Treasurer, State of New Jersey."* Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank for insufficient funds, the next step in the process will be delayed until the fees are paid.

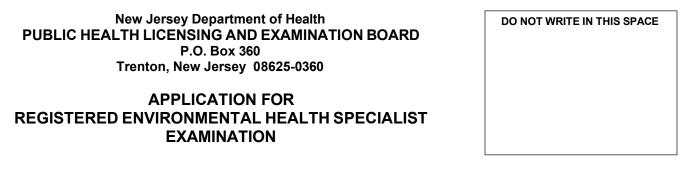
The Public Health Licensing and Examination Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

If the application process in not completed within one calendar year, your application will be discarded and you will need to reapply with full payment.

Licensure requirements are subject to change as a result of new legislation or rules, or due to new policies and procedures that may be adopted by the Board. Applicants must meet current requirements.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.



Before filling out application familiarize yourself with the qualifications for admission to this examination in N.J.A.C. 8:7. Please print clearly. You must answer all of the questions on this application.

	CHECK THE EXAMI	NATION DATE FOR	WHICH YOU ARE APPL	.YING:
		June	December	
Name:				
	(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)
Address:				
Home:	(0)			
	(Stre	et Address or PO Box)		(County)
_	(City)		(State)	(ZIP + Four)
-	(Telephone Number (Includ	ing Area Code)	(Ema	ail Address)
☐ Business: _	(Stre	et Address or PO Box)		(County)
-	(City)		(State)	(ZIP + Four)
☐ Mailing:	(Stre	et Address or PO Box)		(County)
_	(City)		(State)	(ZIP + Four)
		Place of E	Birth:	
Date of Birth:	(Month/Day/Year)	1 1400 01	(City)	

You <u>must</u> disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure.

\*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law and N.J.S.A. 54:50-25 of the New Jersey taxation law, the Department is required to obtain your Social Security number. Pursuant to these authorities, the Department is also obligated to provide your Social Security number to: (a) the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and (b) the Probation Division or any other agency responsible for child support enforcement, upon request. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one.

1.	Name:					
		(Last Name)	(First Name)	(Middle Initial)	(Mai	den Name)
5.	Citizer	ship/Immigration Status:				
	Federa aliens. you ar	I law limits the issuance or renev To comply with this federal law, o e not a U.S. citizen, attach a copy of the U.S. Citizenship and Immigra	heck the appropriate box of your alien registration	below which indicates yo	ur citizenship/in other document	nmigration status. If tation issued by the
	🗌 U.S	. Citizen			OFFICIAL US	SE ONLY
	🗌 Alie	n lawfully admitted for permanent r	esidence in the U.S.			
	🗌 Oth	er immigration status				
		ons about your immigration status at 1-800-375-5283.	and whether or not it is a	qualifying status under fe	deral law shoul	d be directed to the
6.	Stude	nt Loan:				
	Are yo	u in default in regard to any student	loan obligation(s)?		🗌 Yes	🗌 No
	issued	," you must obtain documentary e your student loan, for the eventua d documents concerning the plan f	I payment of the loan. Yo	u will not be able to obta		
7.	Child	Support:				
	Please	certify, under penalty of perjury, th	e following:			
	a. Do	o you currently have a child-support	obligation?		🗌 Yes	🗌 No
	(1	) If "YES," are you in arrears in pa	yment of said obligation?		🗌 Yes	🗌 No
	(2	) If "YES," does the arrearage mat the past six months?			🗌 Yes	🗌 No
		ave you failed to provide any court-o			🗌 Yes	🗌 No
	c. Ha su	ave you failed to respond to a subport proceeding?	pena relating to either a pat	ernity or child-	🗌 Yes	🗌 No
	d. Ar	e you the subject of a child-support	-related arrest warrant?		🗌 Yes	🗌 No
	licensu	ordance with N.J.S.A. 2A:17—56.4 ire. Furthermore, any false certifica tion or suspension of licensure.				
		(Name of Applicant) (Print)	(Signatu	re of Applicant)		(Date)
8.	Have y	ou ever changed your name?			🗌 Yes	🗌 No
		," please submit a copy of the marri is application.	age certificate, divorce dec	ree or court order		
9.	offens jurisd	you ever entered a plea of any kind se under any local, state or federal iction? (This includes, but is not lin ntest, or a finding of guilt by a judge o	law or ordinance, or law o nited to, a plea of guilty, no	r ordinance of any other n vult, nolo contendere,		
	10.00	itest, or a multing of guilt by a judge of	، jui y <i>j</i>		⊔res	🗌 No

1.	Name:	(Last Name)	(First Name)	(Middle Initial)	(Maio	den Name)
10.	Do you currently hold, or have you ever held, a professional license or certificate of <b>any</b> kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?					🗌 No
	number(s).	each professional license If the license or certificate ad indicate which license.				
		(Last Name)	(First Name)	(Middle Initial)		
	(Type of	License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Dat	te Issued/Expired)
	(Type of	(Type of License or Certificate) (Number) (Issued By: State or Jurisdiction)		(Dat	te Issued/Expired)	
	(Type of	License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Dat	te Issued/Expired)
	(Type of	License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Dat	te Issued/Expired)
11.	. Have you ever applied for a Registered Environmental Health Specialist licensing examination and been determined ineligible by the Public Health Licensing and Examination Board?					🗌 No
	If Yes, provid					
12.	. Have you ever applied for a Registered Environmental Health Specialist licensing examination and been found eligible by the Public Health Licensing and Examination Board but failed the examination?					🗌 No
	If Yes, provid					
13.	license or an	ny other professional licer	nse or certificate in New J	onmental Health Specialist lersey, any other state, the	. 🗌 Yes	🗌 No
14.	4. Have you ever had a professional license or certificate of any type suspended, revoked, or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?					🗌 No
15.	5. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?					🗌 No
16.	Are there any criminal charges, civil claims, or any other charges or claims in any court or tribunal, now pending against you in New Jersey, any other state, the District of Columbia					
	or in any oth	er jurisdiction?			🗌 Yes	🗌 No
17.	association,	society, or other profession	al group related to any pro	ng before any employer, fessional practice in New sdiction?	🗌 Yes	🗌 No

If the answer to any of the above questions, numbers 9 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Name:(Last Name)		(First	Name)	(Middle Initial	)	(Maide	n Name)
		EDUC	CATION RECO	ORD			
Beginning with the most recent, lis	t all undergra	duate and g	graduate institut	ions which you	attended.		
Attach ORIGINAL official trans transcripts will not be accepted		our College	e, University, a	and Post-gradu	uate work. C	Copies of s	student-issued
	Dates A	ttended			Credit	Credit Hours	
Name and Location of Schools	From	То	Major	Minor	Semester	Quarter	Degree and Date

EMPLOYMENT RECORD				
	ling military s	cribe, as indicated, every position in which you have as specific as possible with regard to your duties,		
	(IF ADDITI	ONAL SPACE IS NEEDED, ATTACH S	UPPLEMENTAL SHEETS)	
Name and Address of Em	ployer		Description of Your Work	
Title of Present or Last Po	osition			
Dates of Employment (Mo	onth/Year)	Total Time Employed	-	
From: To:	,			
		Give Number of		
Part Time		ed per Week:		
Name and Address of Em	pioyer		Description of Your Work	
Title of Present or Last Po	osition		_	
Dates of Employment (Month/Year) Total Time Employed				
From: To:	<u> </u>	YearsMonths		
		Give Number of		
Part Time	Hours Work	ed per Week:		

1. Name:					
(L	.ast Name)	(First Name)	(1	Middle Initial)	(Maiden Name)
Name and Address of Emp	oloyer			Description of Your W	/ork
Title of Present or Last Po	sition				
Dates of Employment (Mor From: To:	,	Total Time EmployedYears	Months		
☐ Full Time ☐ Part Time		Give Number of ed per Week:			
Name and Address of Employer Title of Present or Last Position				Description of Your W	/ork
Dates of Employment (Mon From: To:	•	Total Time EmployedYears	Months		
☐ Full Time ☐ Part Time		Give Number of ed per Week:			
Name and Address of Employer				Description of Your W	/ork
Title of Present or Last Position					
Dates of Employment (Mon From: To:		Total Time EmployedYears	Months		
☐ Full Time ☐ Part Time		Give Number of ed per Week:			

#### ADDITIONAL EXPERIENCE AND TRAINING

Describe any other experience or training in addition to the foregoing which you believe will support your qualifications for the Registered Environmental Health Specialist examination. **Do not repeat experience or training which you have already listed in another section of this application.** (IF ADDITIONAL SPACE IS NEEDED, ATTACH SUPPLEMENTAL SHEETS)

1.	Name:							
	(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)				
				<b>n</b>				
	RECORD C	OF TRAINING REQUIRE	D BY LICENSING BOAR	U				
pr wa tra fro	you have failed the Registered Enviror eviously took the examination, the area(s as required by the Board in order for you aining, you must submit proof of attendar om a short course. If you received addition ature of the experience, the duties, and ar	s) in which you were deficient to be eligible to make the nee in the form of an official conal supervised experience	ent and the formal training ar reapplication. If you were re I transcript for a college cour	d/or supervised experience that quired to take formal classroom se or a certificate of attendance				
A. Dates on which you previously took the examination:								
В.	Area(s) in which you were deficient:							
C.	Formal Training / Course: Yes	🗌 No						
	Name of Course(s): Where Obtained:							
	Dates Attended: From:		То:					
D.	Supervised Experience: Yes							
	Name of Supervisor:							
	Location:							
	From:	То:						
		REFERENC	CES					
	ase give the names of three persons who essary:	are familiar with your work	that may be contacted by the	e Board if inquiries are				
	1							
	(Name,	)		(Affiliation)				
		(Ada	Iress)					
		(* • • • •						
	(Telephone Number (Including Area (	Code)	(Email Addre	ess)				
	2							
	(Name,	)		(Affiliation)				
		(Ada	Iress)					
		(* • • • •						
	(Telephone Number (Including Area (	Code)	(Email Addre	ess)				
	3							
	(Name,	)		(Affiliation)				
		(Ada	Iress)					
		(****	,					
	(Telephone Number (Including Area (	Code)	(Email Addre	ess)				

1.	Name:							
	(Last Name)	(First Name)	(Middle Initial)	(Maio	en Name)			
	REGISTERED ENVIRONMENTAL HEALTH SPECIALIST APPLICANT: SUPPLEMENTAL DATA							
u p	<b>PLEASE NOTE:</b> All applications must be accompanied by (1) an official transcript issued by the Registrar of a college or university and delivered under seal and (2) a copy of the college or university catalogue description of the courses required pursuant to the provisions set forth at <i>Licensure of Persons for Public Health Professions, N.J.A.C.</i> 8:7. Failure to include this documentation shall necessitate your application being returned to you.							
		EDUCATION	J					
A.	Have you completed a Baccalaureate Deg	ıree:		🗌 Yes	🗌 No			
В.	Do you hold a Baccalaureate Degree from which is accredited by the National Enviro Accreditation Council?	nmental Health Science an	d Protection	☐ Yes	🗌 No			

Dates of Attendance:

C. List below the 32 credit hours in the biology, chemistry, physics and/or environmental sciences and mathematics. Only up to six (6) of the 32 credit hours may be in college-level mathematics. At least one (1) of the courses must be a laboratory course. Courses with grades less than 2.0 ("C") shall not be considered.

Course Name	Catalogue Number	Grade	Number of Credit Hours

1.	1. Name:							
	(Last Name) (First Name) (Middle Initia	al)	(Maio	den Name)				
	EDUCATION, Continued							
D.	<ul> <li>Have you satisfactorily completed a course in the environment and public health which approved by the New Jersey Department of Health?</li> <li>If YES:</li> </ul>	. Have you satisfactorily completed a course in the environment and public health which is approved by the New Jersey Department of Health? If YES:						
	Dates of Attendance:							
	Name of the Health Department where you completed your internship:							
	If NO, you must complete the following Experience section.							
	Be advised that currently there is only one program that has been so approved by the Department: " <i>Environment and Public Health</i> " which is offered by Rutgers University, Office of Continuing Professional Education.							
	EXPERIENCE							
A S F	EXPERIENCE         If you answered "YES" to Section D under EDUCATION, you do not need to complete EXPERIENCE.         If you answered "NO," you must complete both Sections A and B under EXPERIENCE.         A Have you satisfactorily completed one (1) year of post-graduate, full-time employment with a local health agency as defined pursuant to Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C. 8:52? This employment shall have been under the supervision of a New Jersey licensed Health Officer or New Jersey licensed Registered Environmental Health Specialist. The duties which you performed during this time must include the activities as set forth on the attached guidance document entitled <i>Field Training Outline – Registered Environmental Health Specialist.</i> [Yes, provide the name(s) of the local health agency(ies) where the training was obtained and the dates of training:							
S	Standards of Performance for Local Boards of Health in New Jersey, N.J.A	C. 8:52, n	nust be inc	cluded.				
	OR							
В.	B. If you do not have the aforementioned experience with a local health agency, have satisfactorily completed an additional five (5) undergraduate or graduate level courses the following:							
	(1) Environment and Health (including food safety)		🗌 Yes	🗌 No				
	(2) Epidemiology		🗌 Yes	🗌 No				
	(3) Public Health Practice and Administration		🗌 Yes	🗌 No				

(4) Microbiology or Communicable Diseases.

(5) Soils

🗌 No

🗌 No

Name:				
	(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)
		college/university where tak ncluded with this application		en. Include a copy of the course
		AND		
defined pursu Health in New on the attac <i>Environmenta</i> with a Registe Department of If YES, provid	ant to Public Health Practic y Jersey, N.J.A.C. 8:52? TI shed guidance document I Health Specialist. This tr ered Environmental Health S f Health	ealth agency(ies) where the	ce for Local Boards of e activities as set forth Outline – Registered ve (5) days of training ee of the New Jersey e training was obtained and	
Department of	f Health.			
Health Specia	list and the Registered	<b>Environmental Health</b>		Registered Environmental nployee of the New Jersey ncluded.
		DECLARATIO	ON	
misrepresentatio Registered Envir misrepresentatio	ns of falsifications and tha ronmental Health Specialis n to any answer to question	at the information given by st is true, correct and con ons on this form, the appli	me in connection with this nplete. I am aware that if cation will be rejected. I fu	application contains no willful s application for licensure as a an investigation discloses any rther understand that any false e issued in reliance upon false

(Date)

(Signature of Applicant)

(Maiden Name, if applicable)

information.

1. Name:				
	(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)

#### IMPORTANT:

Admission to the Registered Environmental Health Specialist examination is dependent upon the information furnished in this application. The application must be accompanied by documentary evidence which supports your training, education, and experience. All letters verifying your experience must list in detail all the duties, responsibilities, number of staff supervised if any, and length of time you served in a particular field. An official transcript under seal must be submitted from your college(s) or university(ies). Student copies will not be accepted. An application is not deemed complete and ready for review by the Board unless and until all required documentary evidence is received prior to the published application deadline. The deadline shall be enforced according to the postmark on the packet and on any supplemental material. Photostatic copies of certificates, awards, or other similar documents are appropriate documentation in support of your training qualifications.

It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The Board does <u>NOT</u> notify applicants of incomplete documentation.

Licensure requirements are subject to change as a result of new legislation, rules, or due to new policies and procedures that may be adopted by the Board. Applicants must meet current requirements.

#### **BEFORE SUBMITTING THIS APPLICATION:**

- Have you answered all questions completely and carefully?
- Have you signed the application?
- Have you included or arranged for official transcripts to be submitted?
- Have you included or arranged for letters of verification from your supervisor(s) to be submitted?
- Have you included all necessary documentary evidence in support of your training?
- Have you included a non-refundable \$50.00 application fee in the form of a check or money order made payable to *"Treasurer, State of New Jersey"*?