

New Jersey Registered Environmental Health Specialist EXAMINATION APPLICATION CHECKLIST

APPLICATION FORM

- Application submitted by the applicable deadline **(submit application, along with supplemental materials and payment, all at the same time)**
- Examination date checked
- Applicant's full name printed on each page
- Question # 2 completely answered
- Question # 3 completely answered
- Question # 4 completely answered
- Question # 5 completely answered, **including a (front and back) copy of the applicant's documentation issued by the U.S. Citizenship and Immigration Services (USCIS) Agency, if applicable**
- Question # 6 completely answered, **including applicable evidence of student loan payment plan**
- Question # 7 completely answered
- Question # 7 name, signature, and date provided
- Question # 8 completely answered, **including a copy of the marriage certificate, divorce decree, or court order, if applicable**
- Question # 9 completely answered
- Question # 10 completely answered
- Question # 11 completely answered, **including applicable license and/or certificate information**
- Question # 12 completely answered
- Question # 13 completely answered
- Question # 14 completely answered
- Question # 15 completely answered
- Question # 16 completely answered
- Question # 17 completely answered
- Question # 18 completely answered
- Education record provided
- Employment record provided
- Additional experience and training provided **(optional)**
- Record of training required by Licensing Board provided, **if applicable**
- Three (3) references completely provided
- Education section for registered environmental health specialist requirements completely answered
- Experience section for registered environmental health specialist requirements completely answered, **if applicable**

- Declaration signed and dated, **including maiden name, if applicable**

DOCUMENTARY EVIDENCE

- Documentary evidence submitted by the applicable deadline **(submit supplemental materials, along with the application and payment, all at the same time)**
- Official, original transcript(s) issued by the Registrar of a college or university and delivered under seal (see application pages 7 & 9)
- A copy of the college or university catalogue description of required courses (see application pages 7 & 9)
- A letter of verification from the applicant's supervisor outlining their experience, **if applicable** (see application page 8)
- Explanation and supporting documentation to application questions 9 through 18, **if applicant answered "yes" on any of the questions**
- Proof of attendance for training required by Licensing Board (an official transcript for a college course or a certificate of attendance), **see application page 6, if applicable**
- Proof of additional supervised experience required by Licensing Board (a letter from the applicant's supervisor detailing the nature of the experience, the duties, and any staff supervised), **see application page 6, if applicable**

PAYMENT

- Payment submitted by the applicable deadline **(submit payment, along with the application and supplemental materials, all at the same time)**
- A non-refundable \$50.00 application fee in the form of a check or money order made payable to "Treasurer, State of New Jersey" provided

SUBMIT APPLICATION BY MAIL TO:

New Jersey Department of Health (NJDOH)
Office of Local Public Health (OLPH), H&A Building, 4th Floor
Public Health Licensure
P.O. Box 360
369 South Warren Street
Trenton, NJ, 08625-0360
Main Number: 609.292.4993

Website: <https://www.nj.gov/health/lh/professionals/licensing/>

Please note: Public health licensure requirements are subject to change as a result of new legislation, rules, or new policies and procedures adopted by the NJ Public Health Licensure and Examination Board. Applicants must meet current requirements.