



**Florida Environmental Health Professional's Registration Board  
Application for Registered Environmental Health Professional Exam**

**Updated May 2, 2008**

**Name**

(as you wish it to appear on the certificate)

**Address**

**Home phone**

XXX-XXX-XXXX

**Business phone**

XXX-XXX-XXXX

**City**

**State**

**Zip**

**Email Address**

**Are you applying for RECIPROCITY?**

**(fee \$25.00)**

**or EXAMINATION**

**(fee \$130.00).**

**Please enclose a check payable to FEHA.**

**Preferred Title:**

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**If applying for reciprocity, where are you currently registered?**

**What was the registration date?**

mm/dd/yy

**Are you in good standing?**

**If you are applying for reciprocity, please send the following with your application:**

- 

**Copy of current registration certificate.**

- 

**Copy of your score report or a letter from your state registration board with your score and name of testing firm.**

- 

**Copy of your college transcripts.**

**Education: Date of Graduation:**

mm/dd/yy

**University/College:**

**Address:**

**Degree(s) received**

**City**

**State**

**Zip**

***Please attach or send an official transcript of your records. Required for exam or reciprocity.***



**State**            **Zip**

**Duties:**

*If work experience shown does not include at least two years experience, attach additional sheets using the same format as above*

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**References:**

List the names of three people who are familiar with your work

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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\_\_\_\_\_  
**Signature of person making application** Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, Year: \_\_\_\_\_ .

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**Notary Public**

**Personally known**

**Produced identification**    **Type:** \_\_\_\_\_

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**1. Print this ENTIRE PAGE after filling it out.**

**2. Mail this application, the appropriate fee and any attachments to:**

**Howard Rosen, R.S.**

**780 SW 24 Street**

**Ft. Lauderdale, FL 33315**

***FOR REGISTRATION BOARD USE ONLY***

*Date application received: \_\_\_\_\_; fee received \_\_\_\_\_; transcript received \_\_\_\_\_*  
*\_\_\_\_\_ Date application approved \_\_\_\_\_ application reviewed by \_\_\_\_\_*  
*\_\_\_\_\_ Examination date \_\_\_\_\_ Examination location \_\_\_\_\_*

*Applicant score \_\_\_\_\_ ID# \_\_\_\_\_*



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