



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

Updated September 6, 20 3

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?

(FEHA member fee \$40, non-member \$65)

or EXAMINATION

(FEHA member fee \$150, non-member fee \$200).

For Pearson Vue computer exam, add \$100 to either examination fee listed above.

Please enclose a check payable to FEHA.

Preferred Title:

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.

Where do you work now?:

Employer

Supervisor

Note: If you pass the exam, FEHA will mail a letter to your supervisor letting them know that you passed.

Dates of work from **to** mm/dd/yy

Position

Address

City

State **Zip**

Duties:

Previous Environmental Health Work Experience:

Employer

Dates of work from **to** mm/dd/yy

Position

Address

City

State **Zip**

Duties:

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

References:

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

Name	Address	City	State	Zip
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Signature of person making application **Sworn to and subscribed before me this**
_____ day of _____, Year: _____ .

Notary Public

Personally known

Produced identification **Type:** _____

1. Print this ENTIRE PAGE after filling it out.

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

FEHA Registration Board
Attn: Bob Vincent, R.S.
PO Box 10807
Tallahassee, FL 32302

FOR REGISTRATION BOARD USE ONLY

Date application received: _____; *Date & fee \$ received* _____;
Transcript received _____; *Date application approved* _____;
Application reviewed by _____; *Examination date* _____;
Examination location _____

Applicant score _____ *ID#* _____