



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

Updated September 6, 2013

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.

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

Bob Vincent, R.S.
PO Box 991
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#* _____