**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.

LH-8 *(Instructions)*

DEC 22

**New Jersey Department of Health**

**DO NOT WRITE IN THIS SPACE**

**PUBLIC HEALTH LICENSING AND EXAMINATION BOARD**

**P.O. Box 360**

**Trenton, New Jersey 08625-0360**

# APPLICATION FOR

**REGISTERED ENVIRONMENTAL HEALTH SPECIALIST EXAMINATION**

***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 EXAMINATION DATE FOR WHICH YOU ARE APPLYING:***

**June December**

## Name:

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

## Address:

**Home:**

*(Street Address or PO Box) (County)*

*(City) (State) (ZIP + Four)*

*(Telephone Number (Including Area Code) (Email Address)*

## Business:

*(Street Address or PO Box) (County)*

*(City) (State) (ZIP + Four)*

## Mailing:

*(Street Address or PO Box) (County)*

*(City) (State) (ZIP + Four)*

## Date of Birth: Place of Birth:

*(Month/Day/Year) (City) (State)*

## \*Social Security Number:

You **must** 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) (Maiden Name)*

## Citizenship/Immigration Status:

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of the U.S. Citizenship and Immigration Service (USCIS).

**OFFICIAL USE ONLY**

U.S. Citizen

Alien lawfully admitted for permanent residence in the U.S. Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at 1-800-375-5283.

## Student Loan:

Are you in default in regard to any student loan obligation(s)? ............................................................ Yes No

If “Yes,” you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license unless you provide the required documents concerning the plan for payment of your student loan.

## Child Support:

Please certify, under penalty of perjury, the following:

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| --- | --- | --- |
| 1. Do you currently have a child-support obligation? ........................................................................    1. If “YES,” are you in arrears in payment of said obligation?.................................................... | Yes  Yes | No  No |
| (2) If “YES,” does the arrearage match or exceed the total amount payable for  the past six months?.............................................................................................................. | Yes | No |
| b. Have you failed to provide any court-ordered health insurance coverage during  the past six months?..................................................................................................................... | Yes | No |
| c. Have you failed to respond to a subpoena relating to either a paternity or child-  support proceeding? ..................................................................................................................... | Yes | No |
| d. Are you the subject of a child-support-related arrest warrant? ..................................................... | Yes | No |

In accordance with N.J.S.A. 2A:17—56.44d, an answer of “Yes” to any of the questions a(1) though d will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

*(Name of Applicant) (Print) (Signature of Applicant) (Date)*

1. Have you ever changed your name? ...................................................................................................

If “Yes,” please submit a copy of the marriage certificate, divorce decree or court order with this application.

Yes No

1. Have you ever entered a plea of any kind or been convicted in connection with any crime or offense under any local, state or federal law or ordinance, or law or ordinance of any other jurisdiction? (This includes, but is not limited to, a plea of guilty, non vult, nolo contendere,

no contest, or a finding of guilt by a judge or jury)................................................................................... Yes No

## Name:

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

|  |  |  |
| --- | --- | --- |
| 10. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind  in New Jersey, any other state, the District of Columbia or in any other jurisdiction? .......................... | Yes | No |
| If “Yes,” for each professional license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a **different** name, please provide |  |  |
| that name and indicate which license. |  |  |

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| --- | --- | --- | --- | --- | --- |
| *(Last Name)* |  | *(First Name)* | *(Middle Initial)* |  |  |
| *(Type of License or Certificate)* |  | *(Number)* | *(Issued By: State or Jurisdiction)* |  | *(Date Issued/Expired)* |
| *(Type of License or Certificate)* |  | *(Number)* | *(Issued By: State or Jurisdiction)* |  | *(Date Issued/Expired)* |
| *(Type of License or Certificate)* |  | *(Number)* | *(Issued By: State or Jurisdiction)* |  | *(Date Issued/Expired)* |
| *(Type of License or Certificate)* |  | *(Number)* | *(Issued By: State or Jurisdiction)* |  | *(Date Issued/Expired)* |

11. Have you ever applied for a Registered Environmental Health Specialist licensing

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| --- | --- | --- |
| examination and been determined ineligible by the Public Health Licensing and Examination Board? ................................................................................................................................................. | Yes | No |
| If Yes, provide date(s) of previous application: |  |  |
| 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? .................................................................................................................. | Yes | No |
| If Yes, provide date(s) of previous application: |  |  |
| 13. Have you ever been disciplined or denied a Registered Environmental Health Specialist license or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? .................................................................................. | Yes | No |
| 14. 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?.......................................................................................................................................... | Yes | No |
| 15. 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?.................................................................................................. | Yes | 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 other jurisdiction? .................................................................................................................. | Yes | No |

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to any professional practice in New

Jersey, any other state, the District of Columbia or in any other jurisdiction? ...................................... 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.

1. **Name:**

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION RECORD** | | | | | | | |
| Beginning with the most recent, list all undergraduate and graduate institutions which you attended.  **Attach ORIGINAL official transcript(s) of your College, University, and Post-graduate work. Copies of student-issued transcripts will not be accepted.** | | | | | | | |
| **Name and Location of Schools** | **Dates Attended** | | **Major** | **Minor** | **Credit Hours** | | **Degree and Date** |
| **From** | **To** | **Semester** | **Quarter** |
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| **EMPLOYMENT RECORD** | | | |
| Beginning with your present position and working backwards, list and describe, as indicated, every position in which you have been employed, including military service. In describing your work be as specific as possible with regard to your duties, responsibilities, and number of persons you supervised.  (IF ADDITIONAL SPACE IS NEEDED, ATTACH SUPPLEMENTAL SHEETS) | | | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |

1. **Name:**

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

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| --- | --- | --- | --- |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |

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| **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)*

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| **RECORD OF TRAINING REQUIRED BY LICENSING BOARD** |

If you have failed the Registered Environmental Health Specialist examination two times, list below the dates on which you previously took the examination, the area(s) in which you were deficient and the formal training and/or supervised experience that was required by the Board in order for you to be eligible to make the reapplication. If you were required to take formal classroom training, you must submit proof of attendance in the form of an official transcript for a college course or a certificate of attendance from a short course. If you received additional supervised experience, you must submit a letter from your supervisor detailing the nature of the experience, the duties, and any staff supervised.

1. Dates on which you previously took the examination:
2. Area(s) in which you were deficient:
3. Formal Training / Course: Yes No

Name of Course(s): Where Obtained: Dates Attended: From: To:

1. Supervised Experience: Yes No

Name of Supervisor: Location: From: To:

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| **REFERENCES** |

Please give the names of three persons who are familiar with your work that may be contacted by the Board if inquiries are necessary:

## 1.

*(Name) (Affiliation)*

*(Address)*

*(Telephone Number (Including Area Code) (Email Address)*

## 2.

*(Name) (Affiliation)*

*(Address)*

*(Telephone Number (Including Area Code) (Email Address)*

## 3.

*(Name) (Affiliation)*

*(Address)*

*(Telephone Number (Including Area Code) (Email Address)*

1. **Name:**

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

**PLEASE NOTE:** 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 *Licensure of Persons for Public Health Professions, N.J.A.C.* 8:7. Failure to include this documentation shall necessitate your application being returned to you.

**REGISTERED ENVIRONMENTAL HEALTH SPECIALIST APPLICANT: SUPPLEMENTAL DATA**

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| A. Have you completed a Baccalaureate Degree:.................................................................................... | Yes | No |
| B. Do you hold a Baccalaureate Degree from an accredited college or university in a program which is accredited by the National Environmental Health Science and Protection  Accreditation Council? ......................................................................................................................... | Yes | No |

If YES, Name of Institution: Dates of Attendance:

1. 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.

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| --- | --- | --- | --- |
| **Course Name** | **Catalogue Number** | **Grade** | **Number of Credit Hours** |
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1. **Name:**

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

**EDUCATION, Continued**

1. Have you satisfactorily completed a course in the environment and public health which is

approved by the New Jersey Department of Health?........................................................................... Yes No If YES:

Dates of Attendance:

Name of the Health Department

where you completed your internship:

**If YES, and you have provided the requested information, you do not need to complete the following Experience section.**

**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: “*Environment and Public Health”* which is offered by Rutgers University, Office of Continuing Professional Education.**

**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 *Field Training Outline – Registered Environmental Health Specialist*. .................... | Yes | No |

If Yes, provide the name(s) of the local health agency(ies) where the training was obtained and the dates of training:

**A letter of verification from your supervisor, *i.e.*, either the Health Officer or Registered Environmental Health Specialist, outlining your experience in the various activities as set forth in the guidance document entitled *Field Training Outline – Registered Environmental Health Specialist* and as defined in *Public Health Practice Standards of Performance for Local Boards of Health in New Jersey*, *N.J.A.C.* 8:52, must be included.**

# OR

1. If you do not have the aforementioned experience with a local health agency, have you

|  |  |  |
| --- | --- | --- |
| satisfactorily completed an additional five (5) undergraduate or graduate level courses in 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....................................................................................... | Yes | No |
| (5) Soils .............................................................................................................................................. | Yes | No |

## Name:

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

List the name of the course(s) taken, the college/university where taken and when they were taken. Include a copy of the course outline. Official transcripts must also be included with this application.

# AND

Have you satisfactorily completed 200 hours of field training 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? The training must include the activities as set forth on the attached guidance document entitled *Field Training Outline – Registered Environmental Health Specialist*. This training must also include five (5) days of training with a Registered Environmental Health Specialist who is an employee of the New Jersey

Department of Health........................................................................................................................... Yes No

If YES, provide the name(s) of the local health agency(ies) where the training was obtained and the dates of training. Also include the name and phone number of the Registered Environmental Health Specialist who is an employee of the New Jersey Department of Health.

**A letter of verification from your supervisor(s), *i.e.*, either the Health Officer or Registered Environmental Health Specialist and the Registered Environmental Health Specialist who is an employee of the New Jersey Department of Health, outlining your experience in the various activities must be included.**

I certify, under the penalty of perjury under the laws of the State of New Jersey, that this application contains no willful misrepresentations of falsifications and that the information given by me in connection with this application for licensure as a Registered Environmental Health Specialist is true, correct and complete. I am aware that if an investigation discloses any misrepresentation to any answer to questions on this form, the application will be rejected. I further understand that any false statement knowingly made by me is grounds for denial of licensure or revocation of a license issued in reliance upon false information.

**DECLARATION**

*(Date) (Signature of Applicant)*

*(Maiden Name, if applicable)*

## 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 NOT 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 moneyorder made payable to *“Treasurer, State of New Jersey”*?**