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.*
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

________________________________________

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# ______________