HEALTH LICENSING OFFICE
Environmental Health Registration Board
1430 Tandem Ave. NE, Suite 180, Salem OR 97301
Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo | Email: hlo.info@state.or.us

CERTIFICATION OF ENVIRONMENTAL HEALTH SPECIALIST TRAINEE WORK EXPERIENCE

Qualification Through Pathway One Only – Supervised Work Experience

*See OAR 338-010-0015(3)(a) (**Bachelor Degree = 3,840hrs** or **Graduate Degree = 1,920hrs**)*

TRAINEE NAME:	**TRAINEE REGISTRATION NUMBER**

SUPERVISOR/EMPLOYER INFORMATION

SUPERVISOR PRINTED NAME:		
EMPLOYER WORK LOCATION:		
CITY:	STATE	ZIP
SUPERVISOR PHONE NUMBER: ☐ BUSINESS ☐ CELL	E-MAIL:	
TOTAL DURATION OF EMPLOYED SUPERVISION: FROM: TO:	AVERAGE # OF HOURS WORKED WEEKLY:	
TRAINEE WORKED IN A ☐ **FULL TIME** ☐ **PART TIME** POSITION REQUIRING REGISTRATION:		

DUTIES/ACTIVITIES

PLEASE PRINT TYPES OF DUTIES/ACTIVITIES:	NUMBER OF HOURS:
TOTAL NUMBER OF HOURS	

Copies of current or previous position descriptions or other documentation may also be attached to clarify the activities performed or hours worked.

By signing below, I certify the above information is true and correct.

SUPERVISOR SIGNATURE:	DATE:
SUPERVISOR TITLE:	REGISTRATION NUMBER:

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