



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

**ENVIRONMENTAL HEALTH SPECIALIST QUALIFYING
PRE-REGISTRATION WORK EXPERIENCE**

APPLICANT NAME:

Qualification Through Pathway 3 Only – Equivalent Experience

See ORS 700.030(2) and OAR 338-010-0015(3)(c) (**Bachelor Degree =3,840hrs or Graduate Degree =1,920hrs**)

EMPLOYER:

EMPLOYER ADDRESS:

CITY:

STATE:

ZIP:

DATES OF EMPLOYMENT: FROM:

TO:

NUMBER OF HOURS WORKED WEEKLY:

JOB TITLE:

NAME OF SUPERVISOR:

PHONE NUMBER: HOME CELL -

EMAIL:

DUTIES (*describe briefly – attach additional pages if necessary*):

EMPLOYER:

EMPLOYER ADDRESS:

CITY:

STATE:

ZIP:

DATES OF EMPLOYMENT: FROM:

TO:

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