



STATE CERTIFICATION NOMINATION FORM

THE APPLICANT MUST BE REGISTERED AS AN OREGON ENVIRONMENTAL HEALTH SPECIALIST, AND ROUTINELY ENGAGED IN FOOD PROTECTION WORK OF AT LEAST ONE HUNDRED FOOD ESTABLISHMENT INSPECTIONS PERFORMED WITHIN THE PAST THREE YEARS. WITHIN THE PRECEDING TWO YEARS, THE APPLICANT MUST HAVE 20 CONTACT HOURS OF TRAINING IN THE APPLICATION OF FOOD SCIENCE AND RELATED STUDIES.

PLEASE COMPLETE AND FAX OR MAIL TO:

**OREGON HEALTH AUTHORITY
FOOD, POOL & LODGING, HEALTH AND SAFETY PROGRAM
800 NE OREGON ST, SUITE 640
PORTLAND, OR 97232
FAX: 971-673-0457**

APPLICANT INFORMATION

CANDIDATE'S NAME:		TITLE:	
OFFICE TELEPHONE NUMBER:		HOME TELEPHONE NUMBER:	
OFFICE FAX NUMBER:	OFFICE E-MAIL ADDRESS:	AGENCY:	
OFFICE ADDRESS:	CITY:	STATE:	ZIP:

BACKGROUND INFORMATION

LENGTH OF SERVICE WITH AGENCY:	
PRESENT DUTIES / DATE ASSIGNED:	
PRIOR FOOD SAFETY EXPERIENCE:	DATES:
FORMAL EDUCATION/ TRAINING BACKGROUND:	
CONTINUING EDUCATION: (LIST HOURS OF EDUCATION WITH COURSE TITLES/DATES, WITHIN THE LAST 2 YEARS) NOTE: 20 CONTACT HOURS MINIMUM TO QUALIFY FOR NOMINATION.	

OTHER PREREQUISITES COMPLETED:

SUPERVISOR’S SIGNATURE (CONFIRMING REQUEST FOR NOMINATION):

NAME (PRINT): _____

NAME (SIGNATURE): _____ **DATE:**_____

TITLE: _____