Oregon Health Authority

HEALTH LICENSING OFFICE
Environmental Health Registration Board

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Web: www.oregon.gov/oha/ph/hlo

Print Form

For Office Use Only		
Applicant #:	Registration #:	Staff Initials:

Environmental Health Specialist Registration Application

Applicant Information

LAST NAME:	FIRST NAME:			MIDDLE INITIAL:
BIRTHDATE:	GENDER:	☐ FEMALE	☐ MALE	☐ NONBINARY / OTHER
RESIDENTIAL PHYSICAL ADDRESS (**REQUIRED**):				
CITY:	STATE:			ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):				
CITY:	STATE:			ZIP:
BUSINESS PHONE:	PERSONAL PHONE:			
EMAIL (**REQUIRED**):	SOCIAL SECURITY # (**REQUIRED**):			

Have you ever been known under any other legal name? ☐ **No** ☐ **Yes** If yes, list all previous full (legal) names below:

Previous legal name(s):

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? ☐ **No** ☐ **Yes** - If yes, please list information below (add additional blank page if necessary):

State:	Lic./Cert./Reg. #:	Expiration:

Payment Information (complete this section only if submitting payment by mail)

Required Fees: *The application fee is non-refundable. **DO NOT MAIL CASH.**

***Application Fee = $150**	**Registration Fee = $150**	**Total of $300**

Select one payment option:	☐ Check	☐ Credit Card (see below)	☐ Money Order	☐ Purchase Order
Type of credit card (American Express card is not accepted):	☐ Visa	☐ Mastercard	☐ Discover	

Note: The credit card holder must either be the applicant or be present at the time this application is submitted.

Name on credit card:

Card number:	Exp date:	Authorized amount: $

Cardholder signature:

(Do not write in the following section – Office use only)

☐ **OTC** ☐ **Verified ID** ☐ **Verified Out-of-state Licensure Type of ID:** _____ **Appr Code/CK #** _____ **Staff Initials** _____

Payment method: ☐ Cash ☐ Check ☐ MO ☐ PO ☐ Visa ☐ MasterCard ☐ Discover AMOUNT: _____ INITIALS: _____ ☐ Approval code/CK#: _____	Payment method: ☐ Cash ☐ Check ☐ MO ☐ PO ☐ Visa ☐ MasterCard ☐ Discover AMOUNT: _____ INITIALS: _____ ☐ Approval code/CK#: _____	Payment method: ☐ Cash ☐ Check ☐ MO ☐ PO ☐ Visa ☐ MasterCard ☐ Discover AMOUNT: _____ INITIALS: _____ ☐ Approval code/CK#: _____

Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

1. Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.

   ☐ **Yes** ☐ **No** If yes, attach an additional page(s) and provide an explanation.

2. Have you ever been convicted of a misdemeanor or felony? ☐ **Yes** ☐ **No** If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).	**Year Convicted**

3. As of today, are you on probation or parole? ☐ **Yes** ☐ **No** If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

Mandatory Social Security Number Disclosure and Use

You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.

Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification

The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.

4. I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification.

   ☐ **Yes** ☐ **No**

Request for Exemption from Social Security Number Disclosure and Attestation

5. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.

   DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER

   By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.

Applicant Signature:	Date:

Certification of Information Provided

6. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.

Applicant Signature:	Date:

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Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action (AA) Policy. If you choose to provide the optional information below, it will help to evaluate the effectiveness of our AA programs. This information will also be used in the aggregate (i.e., as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

_____ American Indian
_____ Alaska Native
_____ Canadian Inuit / Metis / First Nation
_____ Indigenous Mexican / Central American / South America

Asian

_____ Asian Indian
_____ Cambodian
_____ Chinese
_____ Communities of Myanmar
_____ Filipino / Filipina
_____ Hmong
_____ Japanese
_____ Korean
_____ Laotian
_____ South Asian
_____ Vietnamese
_____ Other Asian

Black and African American

_____ African American
_____ Afro-Caribbean
_____ Ethiopian
_____ Somali
_____ Other African (Black)
_____ Other Black

Hispanic and Latino/Latina/Latinx

_____ Central American
_____ Mexican
_____ South American
_____ Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

_____ Middle Eastern
_____ North African

Native Hawaiian and Pacific Islander

_____ Chamoru/Chamorro
_____ Guamanian
_____ Marshallese / Micronesian / Palauan / Tongan
_____ Communities of the Micronesian Region
_____ Native Hawaiian
_____ Samoan
_____ Other Pacific Islander

White

_____ Eastern European
_____ Slavic
_____ Western European
_____ Other White

Other Categories

_____ Other: _____
_____ Unknown
_____ Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

_____ Yes, please list: _____
_____ I do not have just one primary racial or ethnic identity
_____ No, I identify as Bi-racial or Multi-racial
_____ Not applicable, I only checked one category above
_____ Unknown
_____ Decline to answer

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Application Requirements

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

———	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30.
———	Submit this completed application, accompanied by payment of the required fees. *Application fee = **$150**; and Registration fee = **$150**; for a total of **$300** (see payment section on first page). ***THE APPLICATION FEE IS NON-REFUNDABLE.*** ***DO NOT SEND CASH THROUGH THE MAIL.***
———	Submit **one** form of original photographic identification. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule. **ID requirements are as follows:** • The ID provided must be photographic. • The ID must include the applicant's current legal name. • The ID must be issued by a federal, state or local government agency. • We do not accept student ID cards, department store or warehouse cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting a photocopy of your ID by mail, a legible (clear) front and back copy must be submitted. Submit the copy on a full-sized piece(s) of copy paper, do not cut the ID images out. If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.
———	Provide documentation of completing one of the following qualifying pathways (see pathway options on the following pages).

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Pathway Options

Pathway One: Qualification through Education and Experience (including EHS Trainee)	
(A) Bachelor's Degree - the applicant must:	
———	Submit an official transcript demonstrating attainment of a bachelor's degree from an accredited college or university ***and*** 45 quarter hours or the equivalent semester hours in science courses. ***Please note**: If you are a trainee and have already submitted your transcripts when you applied and received your trainee registration, you do not need to resubmit your transcripts.
———	Submit proof of the equivalent of two years of experience in environmental health under the supervision of a registered environmental health specialist or under a person possessing equal qualifications as described in OAR 338-010-0065.
———	Submit proof of having passed the NEHA REHS/RS credential examination.
———	Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found in the "Payment Information" section on page one of this application.
(B) Graduate Degree – the applicant must:	
———	Submit an official transcript demonstrating attainment of a graduate degree in public health, community health, or another environmental health field from an accredited college or university.
———	Submit proof of the equivalent of one year of experience in environmental health under the supervision of a registered environmental health specialist or a person possessing equal qualifications as described in OAR 338-010-0065.
———	Submit proof of having passed the NEHA REHS/RS credential examination.
———	Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found in the "Payment Information" section on page one of this application.
Pathway Two: Reciprocity – the applicant must:	
———	Submit an official transcript demonstrating attainment of either: • A bachelor's degree from an accredited college or university ***and*** 45 hours or the equivalent semester hours in science courses ***and*** two years of experience in environmental health under the supervision of a registered environmental health specialist or a person with equal qualifications pursuant to OAR 338-010-0065; ***Or…*** • A graduate degree in public health, community health, or another environmental health field from an accredited college or university ***and*** one year of experience in environmental health under the supervision of a registered environmental health specialist or a person with equal qualifications pursuant to OAR 338-010-0065.
———	Submit an affidavit of licensure demonstrating proof of an active environmental health specialist registration with no current or pending disciplinary action. The registration must have been issued by a regulatory body of another state.
———	Submit proof of having passed the NEHA REHS/RS credential examination.
———	Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found in the "Payment Information" section on page one of this application.

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Pathway Options (continued)

Pathway Three: Qualification through NEHA – the applicant must:	
———	Submit proof of having an active NEHA credential as a registered environmental health specialist or a registered sanitarian.
———	Submit proof of having passed the NEHA REHS/RS credential examination.
———	Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found in the “Payment Information” section on page one of this application.

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Certification of Environmental Health Specialist (EHS)
Pathway One - Education and Experience (including EHS Trainees)

Only complete and submit this page if you are qualifying through:
Pathway One – Education and Experience (this includes EHS trainees).

Applicant Information:

TRAINEE LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
TRAINEE REGISTRATION NUMBER:		
QUALIFYING BY WAY OF: ☐ **Bachelor's degree = two years**	☐ **Graduate Degree = one year**	

Supervisor / Employer Information

SUPERVISOR LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
EMPLOYER / BUSINESS NAME:		
EMPLOYER / BUSINESS WORK ADDRESS:		
CITY:	STATE:	ZIP:
SUPERVISOR PHONE NUMBER:	SUPERVISOR EMAIL:	
TOTAL DURATION OF EMPLOYED SUPERVISION BY DATE:	FROM DATE:	TO DATE:
TRAINEE WORKED IN A:	☐ FULL TIME POSITION	☐ PART TIME POSITION

Education and Experience

List all relevant education and experience below. Current or previous position descriptions or other documentation may be attached to clarify the education and activities performed or worked. Attach additional sheets if necessary.

Supervisory Verification Acknowledgement

By signing below, I verify that the education and experience was completed by the above name applicant.

Supervisor Signature:	**Date:**
Supervisor Title:	**Registration #:**

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Application Requirements (continued)

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Have you answered questions 1 through 4 on page two of this application? If you fail to answer each of the questions, this application may be returned to you and potentially cause a delay in processing.
_____	If you do not have a social security number (SSN), have you signed and dated section 5 on page two of this application? If you do have an SSN that you have provided on page one, do not complete this section.
_____	Have you signed and dated section 6 on page two of this application? If you fail to sign and date this section, your application will be returned to you and will cause a delay in processing.
_____	Have you completed the payment information section of this application and enclosed payment or provided credit card information?
_____	Keep a copy of your application and supporting documents before submitting everything to the Health Licensing Office (HLO). You have two options to submit your application (**submit your application only once**): 1. Mail the application. Enclose payment or provide credit card information, enclose copies of your identification, and enclose copies of your required supporting documents to the HLO. The address is listed at the top of this application. 2. Bring the application to the HLO. Bring the completed application, payment for fees, two forms of your original identification, and required supporting documents to the HLO. The address is listed at the top of this application.