

DEPARTMENT FOR PUBLIC HEALTH

275 East Main Street, HS1GW-A  
Frankfort, Kentucky 40621  
Phone: (502) 564-3970  
Fax: (502) 564-9377

Steven Stack, MD  
COMMISSIONER

# REGISTERED ENVIRONMENTAL HEALTH SANATARIAN APPLICATION FOR REGISTRATION

*Per KRS Chapter 223:030 (1)*

## INSTRUCTIONS

Complete this application and return with a \$50.00 check or money order payable to the KENTUCKY STATE TREASURER (*no cash*). The application fee is **NON-REFUNDABLE**. **ALL STEPS WILL NEED TO BE COMPLETED AT LEAST 30 DAYS PRIOR TO EXAMINATION DATE.**

Submit completed application and all official transcripts (directly from the National Student Clearinghouse or University) to [REHS@ky.gov](mailto:REHS@ky.gov), and application fee to:

**KENTUCKY DEPARTMENT FOR PUBLIC HEALTH  
REGISTERED ENVIRONMENTAL HEALTH SPECIALIST EXAMINING COMMITTEE  
275 EAST MAIN STREET, MAIL STOP: HS1E-J  
FRANKFORT, KENTUCKY 40621**

This application will be valid for 12 months after which time reapplying may be necessary. **ALWAYS NOTIFY THE EXECUTIVE SECRETARY AS TO ANY CHANGE OF MAILING ADDRESS, EMPLOYER, EMAIL, AND/OR PHONE NUMBER**

## PERSONAL INFORMATION

<b>Name: Last:</b>	<b>First:</b>	<b>MI:</b>	<b>Maiden:</b>
<b>Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone: ( ) ___ - ___</b>		<b>Cell Phone: ( ) ___ - ___</b>	
<b>Work Phone: ( ) ___ - ___</b>			
<b>Email:</b>	<b>Other Email:</b>	<b>Birth Date (MM/DD/YYYY):</b>	

**Agent of the State:** Yes  No  (*Please check one*)

NOTE: Original university transcript must be submitted with this application, copies are not acceptable.

**EDUCATION**

<b>Name of College or University</b>	<b>Major Course of Study</b>	<b>From</b> MM/DD/YYYY	<b>To</b> MM/DD/YYYY	<b>Date of Graduation</b> MM/DD/YYYY

NOTE: Original university transcript must be submitted with this application, copies are not acceptable.

**EXPERIENCE**

Record only work in environmental health or associated fields beginning with most recent experience. Attach additional documentation if necessary.

<b>Employer</b>	<b>Position / Title</b>	<b>From</b> MM/DD/YYYY	<b>To</b> MM/DD/YYYY

**PROFESSIONAL Licenses, Certificates, Registrations, Associations**

List all professional registrations, certificates, licenses, associations, memberships, and affiliations related to environmental health.

<b>Professional Licenses, Certificates, Registrations, and/or Associations</b>

**REFERENCES**

Include three (3) professional references

<b>Name</b>	<b>Position / Title</b>	<b>Phone Number</b>	<b>Email</b>
		( ) - -	
		( ) - -	
		( ) - -	

**RECIPROCITY**     **Yes**     **No** *(Please check one)*

If you hold a state REHS or RS credential, you may be eligible to receive Kentucky REHS credential without re-examination (reciprocity). In order to be eligible for reciprocity you must:

1. Have a valid, current state registration; and
2. Have a Bachelor's degree with 24 semester hours in basic sciences; and
3. Have proof of passing the REHS/RS exam used by issuing state or NEHA at the time you tested.

**CERTIFICATION**

I certify the statements above, including any additional documentation provided in support of this application, are true and correct to the best of my knowledge. I understand any falsification of information in this application will be cause for rejection of the application, withdrawal of registration, and/or revocation of certification.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*