



Application Reviewed by: _____

APPROVED: _____ REJECTED: _____

EXAM DATE: _____

EXAM SCORE(s): _____

CERTIFICATE NUMBER: _____

DATE ASSIGNED: _____

**KENTUCKY DEPARTMENT FOR PUBLIC HEALTH
REGISTERED ENVIRONMENTAL HEALTH SPECIALIST
EXAMINING COMMITTEE
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**.

Submit completed application, application fee, and official university transcript 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

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

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

EDUCATION

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

Employer	Position / Title	From MM/DD/YYYY	To MM/DD/YYYY

PROFESSIONAL Licenses, Certificates, Registrations, Associations

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

Professional Licenses, Certificates, Registrations, and/or Associations

REFERENCES

Include three (3) professional references

Name	Position / Title	Phone Number	Email
		()__-__	
		()__-__	
		()__-__	

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.
- 4.

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