

MISSOURI ENVIRONMENTAL HEALTH SPECIALIST'S APPLICATION FOR CREDENTIAL

Fees: \$25.00 Application
\$50.00 Exam

Contact: _____

Make checks payable to:
**Missouri Board of Certification for
Environmental Health Professionals**

OFFICE USE ONLY

ID# _____
 App. Rcvd. _____
 Appl. Reviewed by _____
 Appl. Approved _____
 Exam Date _____
 Exam Score _____
 Results Sent _____

Mail application and fees to:
Janet Murray
PO Box 488
Moberly, MO 65270
e-mail: murraj1@lpha.mopublic.org

Applying for credential by: Exam _____

Reciprocity _____

Name: _____

If reciprocity:
 State _____ NEHA _____
 Date certified: _____
 Certificate No. _____
 Was exam taken: Y/N
 Is certification in good standing:
 Y/N

Home Address: _____

Phone: _____

Business Address: _____

Phone: _____

E-mail Address: _____

*Indicates preferred mailing address.

Attach copy of NEHA Registration Certificate

For the next two sections please attach additional sheets and completely describe all pertinent experience.

Education

	<u>Name</u>	<u>Location</u>	<u>Years Attended</u>	<u>Degree Earned</u>
High School				
College / University				

Field training or short courses -- list institution, course and date of completion

Membership in professional organizations

Special awards/honors

EXPERIENCE RECORD

Start with present or most current position. Describe duties in detail.

From: _____

Employer: _____

To: _____

Address of Employer: _____

Immediate supervisor/title: _____

Your position: _____

Duties and responsibilities: _____

From: _____

Employer: _____

To: _____

Address of Employer: _____

Immediate supervisor/title: _____

Your position: _____

Duties and responsibilities: _____

From: _____

Employer: _____

To: _____

Address of Employer: _____

Immediate supervisor/title: _____

Your position: _____

Duties and responsibilities: _____

REFERENCES

Give the names of three persons who are familiar with your work and to whom inquiries may be addressed if necessary. At least two of your references must have experience in the environmental health field.

Name	Address City, State, Zip	Telephone
-------------	---------------------------------	------------------

- 1.
- 2.
- 3.

STATEMENT OF AFFIRMATION

I, _____, do solemnly affirm that I am the applicant named in this application and that I have read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect and are made in good faith.

Signature of Applicant

date