



State of Nevada
Board of Environmental Health Specialists

6170 Mae Anne Ave., Suite 1, Reno, NV 89523
(775) 746-9423 / Fax (775) 746-4105
www.nvrehs.org Email board@nvrehs.org

Application Checklist

- **REHS Applicant for Registration**
 - Copy of current NEHA registration;
 - If applicable, copy of current registrations and/or licenses held in another state

Registration by Endorsement (Alternative to NEHA registration)

- Copy of current registrations and/or licenses held in another state; and
 - Copy of qualifying state law/regulations showing equivalent qualifications, if not on approved endorsement list
 - Fees - see fee schedule
- **EHST Applicant for Provisional Registration**
 - Official Transcripts attach or sent from educational institution
 - Fees - see fee schedule
- **ALL APPLICANTS - If applicable****

Fingerprint Background Check **

(If NOT employed by a Nevada Public Employer who requires background check)

- One (1) Fingerprint Card
- Civil Applicant Waiver Form

****Applicants who are employed by a Nevada Public Employer in a position that requires a fingerprint background check are not required to submit to additional fingerprinting.**

Nevada public employers include, but are not limited to, Washoe County Department of Health, Carson City Health Department, State of Nevada Department of Health, Division of Public and Behavioral Health, Department of Agriculture, Department of Taxation and other state, county, public agencies.

Please make sure to keep a copy of all documents for your records.

SUBMIT COMPLETED APPLICATION TO:

**Board of Environmental Health Specialists
6170 Mae Anne Ave., Suite 1
Reno, Nevada 89523**



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New Applicant Fee Schedule

Environmental Health Specialist Trainee

Provisional Application Fee:	\$ 150.00
Provisional Registration Fee	<u>\$ 75.00</u>
Total Fees Due	\$ 225.00
*Military/Veteran's Discount:	\$ 112.50

Registered Environmental Health Specialist

Application Fee:	\$ 250.00
Annual Registration Fee:	<u>\$ 100.00</u>
Total Fees Due	\$ 350.00
*Military/Veteran's Discount:	\$ 175.00

Temporary Registration:

Application Fee	\$ 150.00
Temporary Registration Fee	<u>\$ 50.00</u>
Total Fees Due	\$ 200.00
*Military/Veteran's Discount:	\$ 100.00

*Verification of Military / Veteran Status must be provided to obtain the discounted fee

Fees may be paid by credit card through the **Click to Pay** tab on the Board's website www.nvrehs.org



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Registration Application

- Environmental Health Specialist Trainee**
or
 Environmental Health Specialist
 Environmental Health Specialist by Endorsement

Legal Name: _____

Mailing Address: _____
Street / P.O. Box City State ZIP

Social Security No.: _____ Contact Phone: (_____) _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

E-mail Address: _____ Other Names you have used _____

Check of Requesting a Temporary 6 Month REHS Registration

NEHA Registration Certification No. : _____ or Endorsement Qualifying State _____

Educational Institution/City/State: _____

Date Graduated: _____ Degree Awarded: _____

List each registration/license held in the previous 5 years: None

State/Jurisdiction: _____ #: _____ Issue Date _____ Expiration Date _____

State/Jurisdiction: _____ #: _____ Issue Date _____ Expiration Date _____

State/Jurisdiction: _____ #: _____ Issue Date _____ Expiration Date _____

Are you employed by a Nevada Public Employer in a position that requires a fingerprint background check? Yes No

Nevada Employer: _____ Start Date _____

Address: _____ Phone: _____
Street/PO Box, City, State, Zip

Current/Previous Employer: _____ Dates (From/To) _____

Address: _____ Phone: _____
Street/PO Box, City, State, Zip

Current/Previous Employer: _____ Dates (From/To) _____

Address: _____ Phone: _____

Nevada State Business License Information

- I do NOT have a Nevada state business license number.
- I have applied for a Nevada business license with the Nevada Secretary of State in compliance with the provision of NRS Chapter 76 and my application is pending.
- I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76.

Name on business license: _____ Business License #: _____

Child Support Information - You MUST check ONE answer

- I am not subject to a court order for the support of a child.
 - I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
 - I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
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Has there ever been a complaint filed, investigation or legal action taken against your professional registration for any reason? Yes No

Are there any pending legal actions, complaints, investigations or hearings in process? Yes No

Have you ever had a professional license, certification or registration denied, restricted, suspended or revoked? Yes No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? Yes No

Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) Yes No

Military Service / Veterans Status

- None Uniformed Military Veteran Military Spouse Veteran Spouse

Veterans please answer the following questions:

(a) "Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?" Yes No

(b) "Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?" Yes No

(c) "Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?" Yes No

Acknowledgement and Declaration

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice as an environmental health specialist or environmental health specialist trainee.

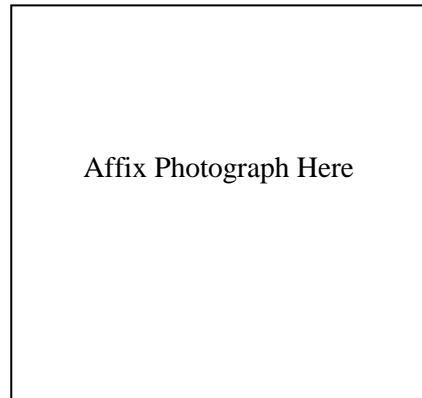
Signature of Applicant

Date of Application

Print Name

State of Nevada
County of _____

This instrument was acknowledged before me on _____ by _____
Date name of document signer



Notary Public Stamp

Notary Public Signature

Date Signed

BOARD USE ONLY

Date Received:

Registrant No. _____ Date Issued _____

- Fees Paid: Credit Card /Check # _____ Amount: _____
 Transcripts NEHS Registration Fingerprint Card (if applicable)



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CIVIL APPLICANT WAIVER

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the following:

1. I hereby authorized the Board of Environmental Health Specialists, to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.

2. **In giving the above authorization, I understand that all the information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated. (Please Initial) _____**

3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.

4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

Applicant Name: _____
Please Print: Last, First, Middle

Address: _____
Street, City, State, Zip

Signature: _____

Submitting Agency: Board of Environmental Health Specialists
Address: 6170 Mae Anne Ave., Suite 1, Reno, NV 89523

Agency Representative: _____ Date _____