

Oregon Health Licensing Agency



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 Salem, Oregon 97301-1287
 (503) 378-8667
 TTY: (503) 373-2114
 Fax: (503) 370-9004
 Web Site: <http://www.oregon.gov/OHLA>
 E-Mail: ohla.info@state.or.us

Application Fee	1269	\$25
Initial Registration	1225	\$175
EHS/WWS	1900	\$175
Exam/WWS	1293	\$150
Exam/EHS	1292	\$175
EHS Trainee	1231	\$175
WWS Trainee	1209	\$175

Environmental Health Registration Board

APPLICATION FOR ENVIRONMENTAL HEALTH SPECIALIST, WASTE WATER SPECIALIST REGISTRATION, ENVIRONMENTAL HEALTH SPECIALIST TRAINEE AND WASTE WATER SPECIALIST TRAINEE

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN INK. Call the Health Licensing Agency if you have any questions. If this application is not complete it will be returned. Use N/A to indicate information that is not applicable.

- Environmental Health Specialist By Exam By Reciprocity Male Female
 Waste Water Specialist By Exam By Reciprocity Date of Birth: _____
 Environmental Health Specialist Trainee Social Security #: _____
 Waste Water Specialist Trainee

APPLICANT INFORMATION

Applicant Name	First	Middle	Last
Home Address			
City		State	Zip Code
Telephone #	Fax #	E-Mail Address	
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LICENSURE INFORMATION

Are you currently licensed in another state: Yes No
 State _____ Date of Registration _____ Certificate # _____ Exam Taken _____ Date _____

If yes, list the name & address of the agency(s) which gave the examination and can provide information as to the nature of the examination.

 (Name) (Address)

NEHA

Are you currently registered with the National Environmental Health Association? No Yes Date of registration _____
 Have you applied in any other state or county? No Yes If yes, date exam taken _____
 Has a previous application for registration in Oregon been denied? No Yes If yes, date _____ Reason _____

DISCIPLINARY ACTION QUESTION

Yes No Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to probation; civil penalties; limiting, in any way, of a license, certificate, registration or permit.)

If you answered yes to the question above you must enclose a complete explanation of the circumstances and provide any additional documentation that will clarify the matter. (Please provide this on a separate sheet of paper)

SIGNATURE

I have examined the above application and attached documents and certify that they are true, correct and complete to the best of my knowledge. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Board pursuant to ORS 700.240 (1).

 Signature of Applicant

 Date

ENVIRONMENTAL HEALTH SPECIALIST AND WASTE WATER SPECIALIST APPLICATION REQUIREMENT CHECKLIST

The Board reserves the right to request additional documentation if the materials submitted do not meet Oregon Revised Statute and Oregon Administrative Rule requirements.

- o FEES \$25 APPLICATION
- o COMPLETED APPLICATION (APPLICATION MUST STATE WHICH REGISTRATION THEY ARE WANTING)
- o OFFICIAL TRANSCRIPTS SUBMITTED DIRECTLY TO THE HEALTH LICENSING AGENCY FROM AN ACCREDITED COLLEGE OR UNIVERSITY VERIFYING THE DEGREE AND QUARTER HOURS IN SCIENCE COURSES/SOIL SCIENCE COURSES REQUIRED BY OREGON REVISED STATUTE 700.035 OR 700.053.
- o AFFIDAVIT OF REGISTRATION FROM ANOTHER STATE IN WHICH YOU HOLD A REGISTRATION, IF APPLICABLE ACCORDING TO OREGON ADMINISTRATIVE RULE.
- o WORK EXPERIENCE HISTORY FORM AND VERIFICATION OF EMPLOYMENT EXPERIENCE, IF APPLICABLE ACCORDING TO OREGON REVISED STATUTE 700.030, 700.053 AND OREGON ADMINISTRATIVE RULE 338-010-0025.

When the agency has reviewed your education and work experience, you will be sent a letter stating your qualification status, which will identify the protocol necessary to complete your registration.