



State of Utah
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone (801) 530-6628
www.dopl.utah.gov

- ENVIRONMENTAL HEALTH SCIENTIST**
- ENVIRONMENTAL HEALTH SCIENTIST-IN-TRAINING**

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.				
Last Name:		First Name:		Middle Name:
Social Security Number: - -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone #:	E-Mail:	
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

<i>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</i>	
License/Certificate Number: _____	
Date License/Certificate Approved: ____/____/____	
Approved By: _____	
Date License/Certificate Denied: ____/____/____	
Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___/___/_____

PROFESSIONAL EDUCATION:

Answer “yes” or “no.”

- _____ I have included a copy of my official transcript, including the class or course allocation breakdown if required.
- _____ I have graduated from an Environmental Health Science program accredited by the National Environmental Health Science and Protection Accreditation Council (EHAC). Verification of accreditation is to be provided by the college or university with the official transcript.
- _____ I have graduated with a bachelor’s or master’s degree with major study in one of the following: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, public health science, sanitary engineering, or zoology.
- _____ I have a graduated with a bachelor’s or master’s degree which includes a math or algebra course and 30 semester hours or 45 quarter hours from at least three of the following curriculums: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, public health science, sanitary engineering, or zoology. If “yes,” complete the following section documenting the math or algebra course and the 30 semester hours or 45 quarter hours of required course work. The class or course allocation breakdown **must also be included** with the official transcript. (*Attach additional pages as needed.*)

1. Area of Study: _____ Semester/Quarter Hours completed: _____
2. Area of Study: _____ Semester/Quarter Hours completed: _____
3. Area of Study: _____ Semester/Quarter Hours completed: _____
4. Area of Study: _____ Semester/Quarter Hours completed: _____
5. Area of Study: _____ Semester/Quarter Hours completed: _____
6. Area of Study: _____ Semester/Quarter Hours completed: _____
7. Area of Study: _____ Semester/Quarter Hours completed: _____
8. Area of Study: _____ Semester/Quarter Hours completed: _____
9. Area of Study: _____ Semester/Quarter Hours completed: _____

EDUCATION REQUIREMENTS AND/OR AREAS OF STUDY

PART 1: TO BE COMPLETED BY THE APPLICANT:

Complete this section and have your school complete Part 2 and submit. *(Make additional copies as needed.)*

Last Name:	First Name:	Middle Name:
Maiden Name:	Social Security Number: - -	
Mailing Address:		
City:	State:	ZIP:

PART 2: TO BE COMPLETED BY THE ACCREDITED COLLEGE OR UNIVERSITY:

Please furnish the information requested, sign and verify the document, and place the completed form, with an official transcript and documentation of accreditation at the time the applicant attended, in a sealed envelope and provide it to the applicant in person or by mail. *(Faxes are not accepted)*

Date of Enrolment:	Date of Graduation:	
Name of School:		
Address of School:		
City:	State:	Zip:
Phone #:	E-Mail:	

Agronomy	
Course Name/Number	Hours

Biology	
Course Name/Number	Hours

Botany	
Course Name/Number	Hours

Chemistry	
Course Name/Number	Hours

Environmental Health Science	
Course Name/Number	Hours

Geology	
Course Name/Number	Hours

(Continued on the next page.)

Microbiology	
Course Name/Number	Hours

Physics	
Course Name/Number	Hours

Physiology	
Course Name/Number	Hours

Public Health Science	
Course Name/Number	Hours

Sanitary Engineering	
Course Name/Number	Hours

Zoology	
Course Name/Number	Hours

College or University Level Algebra or Math Course	
Course Name/Number	Hours

Total Number of Hours Completed	
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Signature:	Date of Signature:
Printed Name:	Title:

(SEAL)

ENVIRONMENTAL HEALTH SCIENTIST

QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
10. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
12. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. _____ Have you ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. _____ Have you ever been **arrested for or charged with** a felony in any jurisdiction?
15. _____ Have you ever pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
17. _____ Have you ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
18. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

(Continued on the next page.)



If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a

copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

**ENVIRONMENTAL HEALTH SCIENTIST-IN-TRAINING
SUPERVISOR AFFIDAVIT**

PART 1: TO BE COMPLETED BY THE APPLICANT:		
Last Name:	First Name:	Middle Name:
Phone Number:	Social Security Number:	- -
Mailing Address:		
City:	State:	ZIP:
E-mail Address:		

PART 2: TO BE COMPLETED BY THE SUPERVISOR:		
Supervisor’s Name:		
EHS License Number:	Social Security Number:	- -
Mailing Address:		
City:	State:	ZIP:
E-mail Address:		
Phone Number:		
Name of Facility where Supervision will occur:		
Facility Street Address:		
City:	State:	ZIP:
Facility Phone Number:		

I hereby certify that I am a licensed Environmental Health Scientist in the State of Utah. I will provide general supervision to the above named applicant for an Environmental Health Scientist-In-Training license. I understand that I must be available for immediate voice communication. I certify that the above named applicant will be under my supervision while practicing as an Environmental Health Scientist-In-Training and will be in compliance with all Utah laws and rules.

Signature of Applicant: _____ Date of Signature: ____/____/____

INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as an Environmental Health Scientist, submit the completed application including:

1. Submit official transcripts documenting graduation from an approved educational program. (*See "Additional Important Information"*)
2. Submit the original letter from NEHA documenting your passing score on the REHS/RS Examination or the REHS/RS-in-training Examination.
3. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Law and Rules Examination for Environmental Health Scientists. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
4. Submit a **\$60.00 non-refundable** application-processing fee, made payable to "DOPL."

If you are applying for licensure as an Environmental Health Scientist-In-Training, submit the completed application including:

1. Submit official transcripts documenting your graduation from an approved educational program. (*See "Additional Important Information"*)
2. Submit the completed "Environmental Health Scientist-In-Training Supervision Affidavit" form included in the application.
3. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Law and Rules Examination for Environmental Health Scientists. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
4. Submit a **\$120.00 non-refundable** application-processing fee, made payable to "DOPL," which includes \$60.00 for the EHS license and \$60.00 for the EHS-in-training license.

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** Applicants for licensure must pass the Utah Law and Rules Examination for Environmental Health Scientists. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examination.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- Division of Occupational & Professional Licensing Act
- General Rules of the Division of Occupational & Professional Licensing
- Environmental Health Scientists Act
- Environmental Health Scientists Act Rules

2. **Current Documents:** Applications, statutes, and rules may change from time to time. You may want to visit

our Internet site or contact the Division to verify that you have current versions.

3. **Approved Educational Programs:** In order to meet the educational requirements for licensure you must complete one of the following educational programs:
 - Bachelor’s or Master’s degree from an EHS program accredited by the National Environmental Health Science and Protection Accreditation Council (EHAC).
 - Bachelor’s or Master’s degree with major study in one of the following: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, public health science, sanitary engineering, or zoology.
 - Any Bachelor’s or Master’s degree which includes an algebra or math course and 30 semester hours or 45 quarter hours from at least three of the following: agronomy, biology, botany, chemistry, environmental health science, geology, microbiology, physics, physiology, public health science, sanitary engineering, or zoology.
4. **Environmental Health Scientist-In-Training License:** The Environmental Health Scientist-In-Training License is issued for two years and is not renewable. The “In-Training” license permits you to practice under supervision of a licensed environmental health scientist while you are in the process of completing the REHS/RS examination. Upon passing the REHS/RS, you are required to submit documentation of passing the examination in order to receive your license as an Environmental Health Scientist. There is no additional application and fee required at that time.
5. **REHS/RS Examination and REHS/RS-in-training Examination:** The National Environmental Health Association (NEHA) Registered Environmental Health Specialist/ Registered Sanitarian Examination (REHS/RS) and Registered Environmental Health Specialist/ Registered Sanitarian-in-training Examination (REHS/RS-in-training) administered by NEHA. For registration and fee information, contact NEHA at 303-756-9090 on on-line at www.neha.org.
6. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
7. **License Renewal:** All environmental health scientist licenses expire on May 31 of each odd-numbered year. Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the license. Renewal information will be sent to each licensee at the licensee’s last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.
8. **Professional Continuing Education:** Thirty (30) hours of professional continuing education is required for each two-year period commencing on June 1 of each odd-numbered year for both the Environmental Health Scientist and the Environmental Health Scientist-In-Training. Individuals licensed during the two-year period are required to complete a pro-rata amount of professional continuing education for the two-year period.
9. **Updating Address Information:** It is your responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
10. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of the name change with the application. (example: a copy of your marriage license or divorce decree)
11. **Submit Completed Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing (DOPL) P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing (DOPL) 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

Telephone Numbers:
(801) 530-6628;
(866) ASK-DOPL –
Toll-free in Utah;
(866) 275-3675
Fax Number:
(801) 530-6511