



STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR RENEWAL OF ENVIRONMENTAL HEALTH
PROFESSIONAL CERTIFICATION

PART I: APPLICANT INFORMATION (See instructions for completing application on reverse).

NAME: (LAST) (FIRST) (MI)

HOME ADDRESS:

CITY: STATE: ZIP:

PHONE # (H): () PHONE # (W): ()

EMPLOYER NAME:

EMPLOYER ADDRESS:

CITY: STATE ZIP:

APPLICANT'S CURRENT POSITION TITLE

APPLICANTS PERSONAL E-MAIL ADDRESS:

Are you a currently registered sanitarian or registered environmental health specialist with the Florida Environmental Health Association (FEHA) or the National Environmental Health Association? (NEHA) Yes No

Within the past five (5) years, have you had any disciplinary procedure involving the primary program area(s) for which you are seeking recertification? Yes No [If yes, please attach a statement and documentation explaining your answer].

PART II: PROGRAM AREA(S) AND CERTIFICATE NUMBER(S) FOR WHICH THE APPLICANT IS SEEKING RENEWAL OF CERTIFICATION. THE FEE FOR RENEWAL IS \$25.00 PER PRIMARY PROGRAM AREA. CHECKS OR MONEY ORDERS SHOULD BE ADDRESSED TO THE DEPARTMENT OF HEALTH AND RETURNED WITH THE COMPLETED APPLICATION FOR RENEWAL OF CERTIFICATION. *

ONSITE SEWAGE TREATMENT & DISPOSAL LEVEL (See instructions on reverse for coding) CERTIFICATE NUMBER FOOD PROTECTION LEVEL CERTIFICATE NUMBER

*NOTE: IF YOU ARE A CURRENTLY REGISTERED SANITARIAN OR REGISTERED ENVIRONMENTAL HEALTH SPECIALIST WITH FEHA OR NEHA, YOU ARE ELIGIBLE FOR RENEWAL AT NO COST. PLEASE ATTACH A COPY OF YOUR REGISTRATION CARD AND THE FEE WILL BE WAIVED. IN ADDITION, YOU ARE NOT REQUIRED TO COMPLETE PART III. PLEASE SIGN AND DATE THE APPLICATION AND RETURN IT TO THIS OFFICE.

PART III: SUMMARY OF TRAINING PROGRAMS ATTENDED DURING THE RENEWAL PERIOD (USE ADDITIONAL SHEETS IF NECESSARY). 24 HOURS OF CONTINUING EDUCATION ARE REQUIRED PER PRIMARY PROGRAM AREA FOR RECERTIFICATION.

PROGRAM TITLE #1: PRESENTED BY: DATE PRESENTED: LOCATION OF PROGRAM PRESENTATION SUBJECT OF TRAINING: HOURS OF TRAINING RECEIVED:

PROGRAM TITLE #2: PRESENTED BY: DATE PRESENTED: LOCATION OF PROGRAM PRESENTATION SUBJECT OF TRAINING: HOURS OF TRAINING RECEIVED:

PART IV: SIGNATURE

THE INFORMATION PROVIDED IN THIS APPLICATION IS A TRUE AND ACCURATE REPRESENTATION OF THE EDUCATIONAL PROGRAMS I HAVE ATTENDED DURING THE PAST TWO YEARS. THIS INFORMATION CAN BE USED AS A BASIS FOR DETERMINING MY ELIGIBILITY FOR RECERTIFICATION IN A PRIMARY PROGRAM AREA OF ENVIRONMENTAL HEALTH.

SIGNATURE: DATE:

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED: RENEWAL FEE PAID: \$ RENEWAL APPLICATION COMPLETE: YES NO TOTAL HOURS OF TRAINING: RENEWAL CERT. ISSUED: CERTIFICATE NUMBER: REVIEWED AND APPROVED BY: TITLE:

Summary of Training Programs Continued

PROGRAM TITLE #3: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #4: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #5: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #6: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #7: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #8: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #9: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #10: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #11: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #12: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #13: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #14: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #15: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #16: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #17: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

PROGRAM TITLE #18: _____ PRESENTED BY: _____
DATE PRESENTED: _____ LOCATION OF PROGRAM PRESENTATION _____
SUBJECT OF TRAINING: _____ HOURS OF TRAINING RECEIVED: _____

INSTRUCTIONS FOR COMPLETING DOH FORM 4101, APPLICATION FOR RENEWAL OF ENVIRONMENTAL HEALTH PROFESSIONAL CERTIFICATION

PART I: APPLICANT INFORMATION

1. Print or type the last name, first name and middle initial.
2. Provide the home mailing address, including city, state and zip code.
3. Provide home phone number including area code.
4. Provide employer name, address and phone number with area code.
5. Provide current position title.
6. Indicate if applicant is currently registered sanitarian or registered environmental health specialist with the Florida Environmental Health Association or the National Environmental Health Association.
7. Indicate if applicant has had or is currently involved in any disciplinary case within the primary program area(s) in which they are seeking certification. Attach statement and documentation explaining case.

PART II: PROGRAM AREAS AND CERTIFICATE NUMBERS

1. Place an "X" in the blank next to the primary program area(s) for which the applicant is seeking renewal of certification.
2. Indicate the level of certification renewal requested for each primary program area:
 - A = All levels (certification through examination(s) with score of at least 70% OR current professional credential as a registered sanitarian or registered environmental health specialist with FEHA or NEHA ONLY)
 - F = Field Work
 - S = Supervision Over Field Personnel
 - LA = Local Administration
 - ST = State, District or Regional Operational Support

PART III: SUMMARY OF TRAINING

1. Indicate the training program attended during the previous 24 months. (Remember: Within the previous 24 months, 24 hours contact hours per primary program area is required for recertification. Attach additional sheets if necessary.

PART IV:

1. Sign and date application.
2. Checks or money orders should be made payable to: Department of Health
3. Remit completed application and applicable fees (\$25.00 per primary program area) to:

Department of Health
Bureau of Community Environmental Health – HSEC
4052 Bald Cypress Way, Bin A08
Tallahassee, Florida 32399-1710
Attn: Environmental Health Professional Certification