

INSTRUCTION SHEET

ENVIRONMENTAL HEALTH PRACTITIONER

Examination
Acceptance of Examination
Endorsement of License
Restoration

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

To apply under the provisions of the Environmental Health Practitioners Act, read and follow each of the steps below in the order they are listed. The application which you submit is valid for three years from the date it is received by the Division. Regardless of the issuance date, all Environmental Health Practitioner licenses expire on April 30 of even-numbered years.

Application for the licensure examination is a dual application process. **All education and experience requirements must be met BEFORE submitting the application for examination.** Your application for examination will be evaluated by the Board of Environmental Health Practitioners and you will be notified of the results of the evaluation. If your application is approved, an examination registration form and further instruction will be provided.

GENERAL INSTRUCTIONS

Step I-- 4-PAGE APPLICATION

Complete all applicable information requested on all four pages of the Application for Licensure and/or Examination. Use **REFERENCE SHEET A**, Chart I to select the appropriate profession name, 3 digit Profession Code, Licensure Method and Fee and record that information in PART I (Page one) of the Application. Please indicate N/A in sections which do not apply to you. **DO NOT ENTER ANY INFORMATION IN PART VII.**

Step II-- CERTIFICATION

If you have ever held a license/registration as an environmental health practitioner/sanitarian in a jurisdiction **OTHER** than Illinois, Supporting Document **CT** must be completed by the licensing authority in the other jurisdiction. If you have been licensed/registered in more than one jurisdiction, a Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of most recent practice. One form is enclosed--you are authorized to photocopy the form as needed.

Step III

Select the proper licensure method and proceed with those specific instructions.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov

***In order for your application to be processed,
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with the application and required fee unless otherwise directed in the instructions.***

EXAMINATION

Applicants with a Bachelor's Degree in Environmental Health Science from a college or university approved by the National Environmental Health Science and Protection Accreditation Council may verify the degree with Supporting Document ED. No experience is required.

**Education and
Experience Requirements**

Applicants with a Master's degree in public health or environmental health science from an accredited college or university must submit official transcripts of all college/university coursework in order to verify a minimum of 30 semester hours of basic sciences (with at least 3 hours in each of the following areas: physical sciences; chemical sciences; biological sciences and math). No experience is required.

Applicants with a Bachelor's degree from an accredited college or university must submit official transcripts of all college/university coursework in order to verify a minimum of 30 semester hours of basic sciences (with at least 3 hours in each of the following areas: physical sciences; chemical sciences; biological sciences and math) and verification of *12 months of full time experience in environmental health under the technical guidance of a licensed/registered environmental health practitioner or a licensed professional engineer practicing in environmental health. Supporting Document **VE-EHP** completed by the appropriate licensed supervisor (*as required) is enclosed for this purpose.

You are authorized to photocopy form as needed. Verification form must accompany your application in supervisor/employer sealed envelope.

MAIL TO:

Forward 4-page application, supporting documents and fee payment to:

***Final filing deadlines
will be strictly enforced.***

***A separate test fee will
be required.***

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

REQUEST FOR ASSISTANCE:

If assistance is needed, direct your request for one of the following:

Department's Technical Assistance Telephone # 1-800-560-6420;
TTY # 1-866-325-4949.

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

ACCEPTANCE OF EXAMINATION

Applicants with a Bachelor's Degree in Environmental Health Science from a college or university approved by the National Environmental Health Science and Protection Accreditation Council may verify the degree with Supporting Document ED. No experience is required.

Education and Experience Requirements

Applicants with a Master's degree in public health or environmental health science from an accredited college or university must submit official transcripts of all college/university coursework in order to verify a minimum of 30 semester hours of basic sciences (with at least 3 hours in each of the following areas: physical sciences; chemical sciences; biological sciences and math). No experience is required.

Applicants with a Bachelor's degree from an accredited college or university must submit official transcripts of all college/university coursework in order to verify a minimum of 30 semester hours of basic sciences (with at least 3 hours in each of the following areas: physical sciences; chemical sciences; biological sciences and math) and verification of*12 months of full time experience in environmental health under the technical guidance of a licensed/registered environmental health practitioner or a licensed professional engineer practicing in environmental health. Supporting Document **VE-EHP** completed by the appropriate licensed supervisor (*as required) is enclosed for this purpose.

You are authorized to photocopy form as needed. Verification form must accompany your application in supervisor/employer sealed envelope.

Examination Requirements

The examination required for licensure as an environmental health practitioner in Illinois is the National Environmental Health Association (NEHA) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) examination. NEHA must forward verification of successful completion of the examination to the Division.

MAIL TO:

Forward 4-page application, supporting documents and fee payment to:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

REQUEST FOR ASSISTANCE:

If assistance is needed, direct your request for one of the following:
Department's Technical Assistance Telephone # 1-800-560-6420;
TTY # 1-866-325-4949.

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ENDORSEMENT

You **MUST** hold an **ACTIVE** license/registration as an environmental health practitioner/sanitarian in another jurisdiction. The requirements for licensure in the other jurisdiction must be, on the date of granting the license, substantially equal to the requirements of Illinois.

If you have been licensed/registered in more than one jurisdiction, a Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of most recent practice. **CT** must include a description of the licensing examination and the examination scores obtained. One form is enclosed, you are authorized to photocopy the form as needed.

**Education and
Experience Requirements**

Applicants with a Bachelor's Degree in Environmental Health Science from a college or university approved by the National Environmental Health Science and Protection Accreditation Council may verify the degree with Supporting Document **ED**. No experience is required.

Applicants with a Master's degree in public health or environmental health science from an accredited college or university must submit official transcripts of all college/university coursework in order to verify a minimum of 30 semester hours of basic sciences (with at least 3 hours in each of the following areas: physical sciences; chemical sciences; biological sciences and math). No experience is required.

Applicants with a Bachelor's degree from an accredited college or university must submit official transcripts of all college/university coursework in order to verify a minimum of 30 semester hours of basic sciences (with at least 3 hours in each of the following areas: physical sciences; chemical sciences; biological sciences and math) and verification of *12 months of full time experience in environmental health under the technical guidance of a licensed/registered environmental health practitioner or a licensed professional engineer practicing in environmental health. Supporting Document VE-EHP completed by the appropriate licensed supervisor (*as required) is enclosed for this purpose.

NOTE: If the Division cannot determine the applicant's eligibility for licensure based upon the documentation submitted, the applicant may be required to appear for an interview before the Board.

MAIL TO:

Forward 4-page application, supporting documents and fee payment to:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

REQUEST FOR ASSISTANCE:

If assistance is needed, direct your request to one of the following:

Department's Technical Assistance Telephone # 1-800-560-6420;
TTY # 1-866-325-4949.

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

RESTORATION

These Restoration Instructions apply only to those environmental health practitioners whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420 for detailed instructions on how to restore it to active status.

Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420.

Education and Experience Requirements

Submit proof of 20 hours of continuing education relevant to the practice of environmental health. The continuing education must have been obtained within 2 years immediately preceding submission of the restoration application. Continuing education must be obtained from a continuing education sponsor approved by the Division.

You must also submit one of the following:

(1) Supporting Document **CT** must be completed by the U.S. jurisdiction other than Illinois where you have most recently been practicing.

Supporting Document **VE-EHP** must be completed to provide documentation of practice as an environmental health practitioner/sanitarian in the other jurisdiction; *or*

(2) If restoring after active military service, provide a copy of DD214 (proof of CE is not required); *or*

(3) Submit proof of passage of the NEHA REHS/RS examination during the period the license was lapsed or on inactive status.

NOTE: If the Division cannot determine the applicant's eligibility for licensure based upon the documentation submitted, the applicant may be required to appear for an interview before the Board.

MAIL TO:

Forward 4-page application, supporting documents and fee payment to:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, IL 62791

REQUEST FOR ASSISTANCE:

If assistance is needed, direct your request to one of the following:
Department's Technical Assistance Telephone #1-800-560-6420
TTY #1-866-325-4949.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

REFERENCE SHEET - A

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates, filing deadlines and fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Licensed Environmental Health Practitioner	183	Examination*	\$100.00
Licensed Environmental Health Practitioner	183	Acceptance of Examination	\$100.00
Licensed Environmental Health Practitioner	183	Endorsement of License	\$100.00
Licensed Environmental Health Practitioner	183	Restoration	See Page 1 of Application

CHART II - EXAMINATION CODES AND FEES

***NOTE: THE APPLICATION FOR EXAMINATION IS A DUAL APPLICATION PROCESS, THIS INFORMATION WILL ONLY BE PROVIDED UPON APPROVAL OF YOUR APPLICATION FOR EXAMINATION. ONCE THE APPLICATION HAS BEEN APPROVED, AN EXAMINATION PACKAGE WILL BE FORWARDED TO YOU. AN EXAMINATION FEE WILL BE REQUIRED WHEN REGISTERING FOR AN EXAMINATION.**

CHART III - EXAMINATION DATES

The Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) is a computer based examination offered on multiple dates and locations.

To order a Study Guide contact the National Environmental Health Association at (303) 756-9090 or www.neha.org.

INFORMATION WILL BE AVAILABLE ONCE YOU ARE APPROVED FOR THE EXAMINATION.

CHART IV - SCHOOL CODES

**NOT APPLICABLE FOR LICENSED ENVIRONMENTAL HEALTH PRACTITIONER
ENTER N/A IN PART VII c) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION**

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request to one of the following telephone numbers:

Licensure Methods **Except** Examination (**US ONLY**)

1-800-560-6420

TTY

1-866-325-4949

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

Examination Licensure Method **Only**

708/354-9911

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Environmental Health Practitioner

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
CT Form (<i>original</i> and <i>current</i> state)	
Bachelor's Degree in Environmental Health Science	
ED Form with seal and signature affixed	
Official transcripts with seal affixed	
VE-EHP (if applicable)	
RS Form (restoration method only)	
20-hours of Continuing Education	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SSN OR ITIN ____ - ____ - ____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ (Area Code) (Area Code) Fax: (____) _____ - _____ Fax: (____) _____ - _____ (Area Code) (Area Code)		12. REQUIRED E-MAIL ADDRESS

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>			
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>			
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>			
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>			
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>			
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>			

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

b) CHART III - Select the examination site you desire and enter Test Center Code:

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c) CHART IV - Find your School of Graduation and enter school code:

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d) Record the number of times you have taken this exam in Illinois or any other state:

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PART VIII: Child Support, Tax Information and Workers' Compensation (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes No

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations? Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

Signature of Applicant

Date

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.
Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:

Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
E. LICENSURE METHOD	
<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____	
<input type="checkbox"/> Endorsement of License (State) _____ <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____	
Acceptance of Examination Results (Administered in Another State) _____	

F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____	Type of Examination Score Written _____ Practical _____ Other (Describe) _____ Received no Grade Below _____ Examination Period ____ days ____ hours

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

Print Name

Title

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

Area Code ()

Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

ED

APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SSN OR ITIN ____-____-____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME		
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION / COMPLETION ____/____/____ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

Date

Signature of Applicant

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
C. DEPARTMENT OF INSTITUTION	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT
E. MAJOR AREA OF STUDY OF THE APPLICANT	F. APPLICANT WAS (CHECK ONE): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Co-op
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Quarter Hours <input type="checkbox"/> _____ Course Hours	H. DATES OF ATTENDANCE From ____/____/____ To ____/____/____ Month Day Year Month Day Year
I. Total academic years attended _____ OR Years Months Days Total calendar years attended _____ Years Months Days	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET ____/____/____ Month Day Year	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED ____/____/____ Month Day Year
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE <input type="checkbox"/> Applicant has graduated on ____/____/____ Month Day Year <input type="checkbox"/> Applicant has completed program on ____/____/____ Month Day Year <input type="checkbox"/> Applicant will graduate on ____/____/____ Month Day Year <input type="checkbox"/> Applicant will complete program on ____/____/____ Month Day Year	

N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

Large empty rectangular box for recording additional information.

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, 20__.

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 37/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

SUPPORTING DOCUMENT

VERIFICATION OF EMPLOYMENT/EXPERIENCE

VE-EHP

APPLICANT: *Complete the applicant section of this form. Forward the form to the professional supervisor from whom you obtained your experience. Your supervisor must return the completed form directly to the Department of Financial and Professional Regulation. If additional forms are needed, you are authorized to photocopy this form.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ___ / ___ / ___ Month Day Year	3. SSN OR ITIN _____ - _____ - _____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between;"> _____ Profession Name _____ Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME	7. SUPERVISOR NAME	
8. DATES OF EMPLOYMENT From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year Month Day Year	9. EMPLOYERS NAME AND ADDRESS - STREET, CITY, STATE, ZIP CODE	

SUPERVISOR: *Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.*

NOTE: *If the jurisdiction in which you practice does not license/register environmental health practitioners, enter your N.E.H.A. certificate number in "E" and attach a photocopy of the certificate to this form.*

PART I. - EMPLOYER INFORMATION

A. NAME OF SUPERVISOR OR PERSON PROVIDING TECHNICAL ADVICE	B. EMPLOYER'S NAME
C. PROFESSION AND LICENSE NUMBER OF SUPERVISOR OR TECHNICAL ADVISOR	D. EMPLOYER'S ADDRESS STREET, CITY, STATE, ZIP CODE
E. STATE OF LICENSURE	F. EMPLOYER'S TELEPHONE NUMBER Area Code (___) ___ - _____

PART II. - APPLICANT EMPLOYMENT INFORMATION

A. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week _____	B. TOTAL TIME EMPLOYED ___ Years ___ Months	C. DATES OF EMPLOYMENT (Use exact dates not "present.") From ___ / ___ / ___ To ___ / ___ / ___ Month Day Year Month Day Year
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D. DESCRIBE THE ENVIRONMENTAL HEALTH PRACTICE OF APPLICANT WHILE UNDER YOUR SUPERVISION OR TECHNICAL ADVICE.

I do hereby declare that this applicant was employed by me or worked under my [] personal supervision, or [] technical advice for the time period (s) listed and that the information I have reported herein is true and correct to the best of my knowledge.

_____ Date

_____ Signature of Supervisor/Technical Advisor