

CERTIFICATION OF TRAINING AND EXPERIENCE FOR ADMITTANCE TO THE REGISTERED ENVIRONMENTAL HEALTH SPECIALIST EXAMINATION

Name of Candidate: _____

Current Home Address: _____

Phone Number: _____

Dates of Full-Time Employment Experience From: _____ To: _____

Basic Program Elements of Training	Hours of Direct Training*	Total Hours of Training Including Direct Training	Total Hours Needed**
Food Protection (including Cottage Foods)			
Solid Waste and Medical Waste Management			
Liquid Waste Management			
Water Supply and Drinking Water			
Housing, Institutions/Childhood Lead/Organized Camps			
Bathing Places, Rec Health, Beach Monitoring			
Vector Control			
Hazardous Materials Management			
Underground Tank Program			
Bloodborne Pathogens (Body Art)			

Secondary Program Elements of Training	Hours of Direct Training*	Total Hours of Training	Total Hours Needed**
Air Sanitation/Pollution (Indoor/Outdoor)			
Safety, Accident Prevention and Personal Protection			
Land Development and Use			
Disaster Sanitation/Emergency Response			
Electromagnetic Radiation			
Milk and Dairy Products			
Noise Control			
Occupational Health			
Rabies & Animal Disease Control			
*Total Hours of Direct Training			

*Must have a minimum of 20 hours per month of field instruction with direct supervision by an REHS for the first 6 months of employment. The total minimum requirement in this area shall be 150 hours.

** Fill in the number of hours required from the Option indicated on the CDPH Letter of Trainee Eligibility

I certify that _____ has followed the approved training program for _____ (jurisdiction) on file with the Environmental Health Specialist Registration Program.

Director of Environmental Health: _____

Signature: _____

Date: _____

Certified Under	Experience Time	First Three Basic Elements	Secondary Elements	Training Hours
Sec. 106635 I	18 Months	120 Each = 360 Total	240 Total	600
Sec. 106635 II	12 Months	90 Each = 270 Total	180 Total	450
Sec. 106635III	9 Months	60 Each = 180 Total	120 Total	300
Sec. 106635 IV	6 Months	40 Each = 120 Total	80 Total	200

Submit to:
 Environmental Health Specialist Registration Program
 MS 7404, IMS K-2
 PO Box 997377
 Sacramento, CA 95899-7377