



State of Nevada  
**Board of Environmental Health Specialists**

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[www.nvrehs.org](http://www.nvrehs.org) Email [board@nvrehs.org](mailto:board@nvrehs.org)

# Registration Application

## Applicant Information

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street / P.O. Box City State ZIP

Social Security No./ TIN: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Other Names you have used \_\_\_\_\_

**Environmental Health Specialist Trainee – Provisional Registration**

Educational Institution/City/State: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

Check if Applicable:  Bachelors or Higher in Environmental Health  Masters Public Health  
 Military Training and Experience

**Environmental Health Specialist**  
 **Environmental Health Specialist by Endorsement**

NEHA Registration Certification No. : \_\_\_\_\_ or Endorsement Qualifying State \_\_\_\_\_

*Check if Requesting a Temporary 6 Month REHS Registration*

List each registration/license held in the previous 5 years:  None

State/Jurisdiction: \_\_\_\_\_ #: \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

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**BOARD USE ONLY**

Date Received:

Registrant No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Fees Paid:  Credit Card /Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Transcripts  NEHS Registration  Fingerprinting  N/A  
Submitted: \_\_\_\_\_  
Results Received: \_\_\_\_\_

## All Applicants Must Complete the Following Sections

### Fingerprint Background Check:

Are you employed by a Nevada Public Employer in a position that required you to complete a fingerprint background check as a condition of your employment?

- Yes, I have already completed the fingerprint background check for my employer.
- No, I completed the LiveScan fingerprint process, documentation attached.

### Employment Information:

Employer: \_\_\_\_\_ Start Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street/PO Box, City, State, Zip

Previous Employer: \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street/PO Box, City, State, Zip

### Nevada State Business License Information:

- I do NOT have a Nevada state business license number.
- I have applied for a Nevada business license with the Nevada Secretary of State in compliance with the provision of NRS Chapter 76 and my application is pending.
- I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76.

Name on business license: \_\_\_\_\_ Business License #: \_\_\_\_\_

### Child Support Information - You MUST check ONE answer:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

### Legal Information:

Has there ever been a complaint filed, investigation or legal action taken against your professional registration for any reason?  Yes  No

Are there any pending legal actions, complaints, investigations or hearings in process?  Yes  No

Have you ever had a professional license, certification or registration denied, restricted, suspended or revoked?  Yes  No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you?  Yes  No

Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.)  Yes  No

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**Military Service / Veterans Status Information:**

**None**    **Uniformed Military**    **Veteran**    **Military Spouse**    **Veteran Spouse**

Veterans please answer the following questions:

(a) “Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?”  Yes    No

(b) “Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?”  Yes    No

(c) “Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?”  Yes    No

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**Acknowledgement and Declaration**

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice as an environmental health specialist or environmental health specialist trainee.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Print Name

**Attachments**

Copy of Driver’s License for Verification of Identity

Additional Documents when required:

Fingerprint Background Check Waiver Form

LiveScan Fingerprint Receipt

Transcripts

NEHA Certification

Verification of Other State Registration/License