



State of Nevada
Board of Environmental Health Specialists

6170 Mae Anne Ave., Suite 1, Reno, NV 89523
(775) 746-9423 / Fax (775) 746-4105
www.nvrehs.org Email board@nvrehs.org

IMPORTANT NOTICE

Expired registrations may be reinstated up to 5 years from date of expiration but **will not be retroactive**. A Reinstatement Application and payment of **\$250.00** will be required.

All Sections of the Application are mandatory and must be completed. Incomplete applications will be returned for completion.

Required Documentation:

- Proof of completion of continuing education for the previous 2 years immediately preceding the date of your Reinstatement Application documenting completion of **24 hours of continuing education**. A copy of NEHA training report is acceptable.
- Copy of any out-of-state REHS registrations/licenses
- Payment of Reinstatement Fee – Credit card payment may be made at Make a Payment on the board website www.nvrehs.org.

Reinstatement Applications must be submitted directly to: **Email:** board@nvrehs.org
or by FAX: 775-746-4105

If you have any questions please feel free to contact the Board Administrative Office:

Executive Director, 775-746-9423; email: board@nvrehs.org



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Registration Reinstatement Application

REHS # _____ EHS Trainee # _____

Registrant Information

If different than on previous certificate of registration, legal proof of name change is required.

Legal Name: _____

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

Home Phone (_____) _____ Alternate / Cell Phone (_____) _____

E-mail Address: _____ Social Security No./TIN _____

Employment Information

Have you been employed and practicing in Nevada as an environmental health specialist or trainee since your Nevada registration was suspended / expired? Yes No

If Yes, please **provide a written explanation** as to the reasons and/or circumstances your registration was not renewed? You may be required to appear before the Board.

Current Nevada Employment Information:

1. Employer: _____ Start Date: _____
 Address: _____ Work Phone _____
Street City State Zip

Previous Employment Information (5 years, attached additional pages if necessary):

1. Employer: _____ Start /End Dates: _____
 Address: _____ Work Phone _____
Street City State Zip

Nevada Business License Information – Check appropriate answer. An answer is mandatory.

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

Board Use Only: Received: _____ Issued: _____

Child Support Information – Please check appropriate answer. An answer is mandatory

- 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 – Explain any “YES” answers on a separate sheet of paper

Has there ever been a disciplinary action 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

REHS Only - Continuing Education Information – Minimum 24 hours in previous 2 years

Please list your continuing education and attach proof of course completion.

Course: _____ Date _____ Hours _____

Course: _____ Date _____ Hours _____

Course: _____ Date _____ Hours _____

Course: _____ Date _____ Hours _____

Acknowledgement and Declaration of Applicant

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 trainee.

Signature of Registrant

Date

PRINT NAME