



State of Nevada
Board of Environmental Health Specialists

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**Request for Authorization to Sit for the
National Environmental Health Association
REHS/RS Examination**

Nevada EHST Registration Number: _____

NAME AND ADDRESS AS SHOWN ON DRIVER'S LICENSE

Name: _____

Address: _____

Street / P.O. Box

City

State

ZIP

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

E-mail Address: _____

I request an authorization letter to take the NEHA Examination. I understand that examination and testing fees are to be paid directly to NEHA.

I attest that I will personally take the NEHA examination without the assistance of surreptitiously circulated test answers, any devices to manipulate test answers, or any other form of inappropriate information. I agree to uphold the integrity of the examination and will take reasonable steps to maintain the security of the questions, answers or other information contained therein during and after the examination. I will not attempt to copy, print or make any record of the test questions (electronic or written), and I will not assist another candidate or communicate with others about, or otherwise disclose or disseminate any information or content from this examination, verbally, in written form, electronic form, or in any other form including memorization.”

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 application, training and/or experience as an environmental health specialist trainee.

Signature of Applicant

Date