



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

Instructions-Required Documents

1. Completed Application
2. LiveScan Electronic Fingerprinting Receipt
3. Fingerprint Background Waiver Form
4. Educational Transcripts (EHST Provisional)
5. Payment – Click to Pay tab on website
6. Copy of Driver's License or Picture ID

Additional Documents

REHS Applicants –

Copy of current NEHA registration; and
Current Registrations/Licenses held in another state, if any

REHS Applicants by Endorsement

Current Registrations/Licenses held in another state and
Copy of qualifying state law/regulations showing equivalent qualifications

EHST Applicant for Provisional Registration

Official Transcripts- original or e-transcript sent from educational institution

Fingerprint Background Check - If applicable**

Fingerprint Background Waiver is Required, Download Separately From Website

**Applicants who are employed by a Nevada Public Employer in a position that requires a fingerprint background check are not required to submit to additional fingerprinting.

SUMBIT APPLICATION AND DOCUMENTS TO:

board@nvrehs.org

OR by mail to:

Board of Environmental Health Specialists
6170 Mae Anne Ave., Suite 1
Reno, Nevada 89523

Allow 3-4 weeks for processing if fingerprinting is required.



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New Applicant Fee Schedule

Environmental Health Specialist Trainee

Provisional Registration

Total Fees **\$ 275.00**

***Military/Veteran's** **\$ 137.50**

Registered Environmental Health Specialist

Total Fees **\$ 375.00**

***Military/Veteran's** **\$ 187.50**

Temporary Registration:

Total Fees **\$ 300.00**

***Military/Veteran's** **\$ 150.00**

*Verification of Military / Veteran Status must be provided to obtain the discounted fee

Fees may be paid by credit card through the **Click to Pay** tab www.nvrehs.org



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Registration Application

- Environmental Health Specialist Trainee
or
Environmental Health Specialist
Environmental Health Specialist by Endorsement

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

Check if Requesting a Temporary 6 Month REHS Registration

NEHA Registration Certification No. : or Endorsement Qualifying State
Educational Institution/City/State:
Date Graduated: Degree Awarded:

List each registration/license held in the previous 5 years:
State/Jurisdiction: # Issue Date Expiration Date
State/Jurisdiction: # Issue Date Expiration Date
State/Jurisdiction: # Issue Date Expiration Date

Are you employed by a Nevada Public Employer in a position that requires a fingerprint background check? Yes No

Nevada Employer: Start Date
Address: Phone:
Street/PO Box, City, State, Zip
Current/Previous Employer: Dates (From/To)
Address: Phone:
Street/PO Box, City, State, Zip
Current/Previous Employer: Dates (From/To)
Address: Phone:

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.
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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

Military Service / Veterans Status

- 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

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

Provide Copy of Driver's License for Verification of Identity

BOARD USE ONLY

Date Received:

Registrant No. _____ Date Issued _____

- Fees Paid: Credit Card /Check # _____ Amount: _____
- Transcripts NEHS Registration Fingerprinting (if applicable)
Submitted: _____
Results Received: _____
-
-



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LiveScan Electronic Fingerprinting

Fingerprint Technician: Please request valid identification from applicant.

Applicant: Provide this form to the fingerprint technician at the time fingerprints are taken.

Applicant Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth _____ Place of Birth _____

SSN _____ Citizenship _____

Sex _____ Race _____ Hgt. _____ Wgt _____ Eyes _____ Hair _____

Authorized Entity Information:

Bill to Account Number: 881193

Account Number (MNU): 881193 ORI: NV0131700
Reason Fingerprinted: NRS 625A.100

The above-named individual was fingerprinted and the results will be sent electronically to the Central Repository for Nevada Records of Criminal History on behalf of the Nevada Board of Environmental Health Specialists.

Signature of person taking fingerprints

TCN Number

Date

Applicant: Please submit this receipt with your application.