



MARYLAND BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

4201 Patterson Avenue, Baltimore, Maryland 21215

Phone#: 410-764-3512 Fax: 410-358-5674

<http://www.health.maryland.gov/behs/>

APPLICATION FOR A CERTIFICATE OF ELIGIBILITY

INSTRUCTIONS: All applicants must complete sections 1, 2, 4 and 5. Applicants, who wish to have their previous experience in the field of environmental health considered by the Board, must also provide the information described in Section 3.

SECTION 1: GENERAL INFORMATION

Last Name

First Name Middle Name/Initial

Address Line 1

Address Line 2

City State Zip Code

Phone Number Work Number Cell Number

Email Address

Date of Birth SSN Sex: Male Female

If any of the records to be sent to the Board (college transcripts, etc.) will be under a different name, please give that name here:

Have you ever applied and received a certificate of Eligibility in the past. Yes No

Military Status

Veteran (Within 1 year of honorable discharge) Active Service Military Spouse

Race: Please choose all that apply.

Are you of Hispanic or Latin origin? Yes No

American Indian /Alaska Native Asia Black/ African American Native Hawaiian / Pacific Islander White Other

SECTION 2: EDUCATIONAL BACKGROUND

NOTE: The applicant's educational background must be verified by official transcripts sent directly from the college or university to the Board. Any applicant who attended more than one academic institution should note item 2 of the general instructions, which are attached to this form. (List additional colleges on an additional sheet of paper if necessary)

College / University	State	Degree Earned	Date

Applicants who graduated from a foreign educational institution, that is a college or university located outside the geographical boundaries of the United States, should call the Board for instructions about submitting their transcripts.

SECTION 3: PREVIOUS EXPERIENCE

An applicant who has previous experience as an environmental health specialist may be eligible to have this experience credited toward the experience required to qualify for examination and licensure.

Any applicant who wishes to have relevant experience considered by the Board must have this experience verified in accordance with COMAR 10.60.02.01C which states that "an applicant for a license who claims experience as an environmental health specialist. The applicant shall provide to the Board independent written verification from the applicants employer describing the nature and duration of the applicants experience.

SECTION 4: QUESTIONS

Please Answer: "Yes" Or "No" To The Questions Asked Below And Attach A Written Explanation For Any "Yes" Answer. For questions #4 and #5 also provide a certified copy/true test-copy of the police record (arrest & charges), court record and final disposition.

Answering "Yes" To A Question Will Not Necessarily Cause The Board To Reject Your Application.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided professional services while under the influence of alcohol, a narcotic, a controlled dangerous substance or other drug that is in excess of prescribed amounts?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any state licensing or disciplinary board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered a professional license do to a violation of state licensing law?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Are there any outstanding complaints, investigations or charges pending against you in any state by any licensing or disciplinary board or a comparable body in the Armed services?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Has a malpractice suit been filled against you or has a claim for damages been settled or awarded against you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7) Have the condition of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice?

SECTION 5: APPLICANT'S STATEMENT

I hereby affirm that this application contains no willful misrepresentations of falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that my application will be disapproved if an investigation at any time discloses any misrepresentation or falsification

Signature _____

Date

*PLEASE SEND THIS COMPLETED APPLICATION WITH A NON-REFUNDABLE APPLICATION FEE OF \$100.00 TO THE ADDRESS ON THE FRONT PAGE OF THIS APPLICATION.

**PLEASE USE ANOTHER SHEET OF PAPER IF NECESSARY FOR ANY ADDITIONAL INFORMATION OR COMMENTS.