



**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/>

**REACTIVATION APPLICATION**

Reactivation From Inactive Status .....\$300.00

Reactivation From Non-Renewed Status.....\$500.00

Both above Reactivations must have the required 20 CEU's dating back 24 months.

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PERSONAL INFORMATION**

Your name must be your legal name and it will appear on all documents as listed below:  
Please submit legal documentation of a name change, if applicable.

Last Name & (Jr.,III) \_\_\_\_\_

First Name & Middle Initial \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address Line One \_\_\_\_\_

Address Line Two \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Male  Female

Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_

**Race / Ethnic Identification – Please check all that apply**

Are you of Hispanic or Latin origin?  Yes  No

American Indian/Alaska Native  Native Hawaiian / Pacific Islander

Asia  White

Black/African American  Other

**Board use Only**

Date Received \_\_\_\_\_

Amount \_\_\_\_\_

Check /MO# \_\_\_\_\_

Amount Due \_\_\_\_\_

Total CEU's \_\_\_\_\_

## EDUCATION

Degree  BS  MS Graduation Year \_\_\_\_\_  
College / University \_\_\_\_\_ State \_\_\_\_\_

## CONTINUING EDUCATION

Have you obtained the required Continuing Education Credit Hours?  Yes  No  
Attach certificates.

## LICENSES HELD

List all Licenses ( Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	Original License Date	Expiration Date	Inactive Date	History of Discipline		FOR BOARD USE ONLY
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## ANSWER ALL QUESTIONS

For each question answered with a Yes, please attach a detailed explanation. If you answer Yes to question 3 you must provide a certified copy of the police/court record and final disposition.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Since your last renewal 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) Since your last renewal, 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) Since your last renewal, have you pled guilty to, nolo contendere, been convicted of, or received probation before judgement for any criminal act (excluding misdemeanor traffic violations)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) 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	5) Since your last renewal, has the condition of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Since your license expired, have you worked as an Environmental Health Specialist in Maryland, or held a position which required licensure, in Maryland? If yes, please attach a detailed explanation, the dates of employment, a copy of job description and qualification, and the name of your supervisors.

## APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form with the applicable fee to the address on top of this letter.