



MARYLAND BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

4201 Patterson Avenue Baltimore, MD 21215 – 2299
Phone Number: 410-764-3512 www.health.maryland.gov/behs

FOR BOARD USE ONLY

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

RENEWAL APPLICATION FORM

PLEASE MAKE CHECK PAYABLE TO THE BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

Failure to renew your license by 06-30-2023 could result in the expiration of your license. You are required by Health Occupations § 21-309 to participate in Board approved continuing education programs. The current required amount of continuing education hours is 20. For the 2024 even numbered birth year renewal only, 10 continuing education hours are required. The following must be completed and returned with your renewal fee for your license to be issued. COMPLETE ALL SPACES ON THE APPLICATION.

LICENSE NUMBER: \_\_\_\_\_

UPCOMING LICENSE RENEWAL FEE (EVEN BIRTH YEAR) \$100.00

EXPIRATION DATE OF CURRENT LICENSE: 06-30-2023

This Notice is provided pursuant to § 4-501 of the General Provisions Article of the Annotated Code of Maryland. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You may inspect, amend, or correct this information. The Maryland Board of Environmental Health Specialists is a public agency and is therefore subject to the Maryland Public Information Act. This form may be subject to inspection or copying, in whole or in part, by the public and other governmental agencies if not protected by State or federal law.

PERSONAL INFORMATION SECTION: PLEASE PRINT

LAST NAME [Grid of 20 boxes]

FIRST NAME [Grid of 20 boxes]

MIDDLE NAME / INITIAL [Grid of 20 boxes]

ADDRESS ONE [Grid of 20 boxes]

ADDRESS TWO [Grid of 20 boxes]

CITY [Grid of 15 boxes] STATE [Grid of 2 boxes] ZIP CODE [Grid of 5 boxes]

EMAIL ADDRESS \_\_\_\_\_

Date of Birth: Month [Grid of 2 boxes] Day [Grid of 2 boxes] Year [Grid of 4 boxes]

Social Security Number: Last Four Numbers Only [Grid of 4 boxes]

Sex: [ ] 1. Male [ ] 2. Female

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

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

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

Employer Name \_\_\_\_\_

Dept. & Dept. Phone # \_\_\_\_\_

Employer Address \_\_\_\_\_

Dept. Fax \_\_\_\_\_

To further its commitment to equal opportunity, The Board of Environmental Health Specialists requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Race/Ethnic identification - Please check all that apply: Are you of Hispanic or Latin origin? [ ] Yes [ ] No

[ ] American Indian or Alaska Native [ ] Native Hawaiian or Pacific Islander [ ] Asian [ ] White [ ] Black or African American [ ] Other

This section must be completed for renewal of your license. Attach a Detailed Explanation for each 'YES' Answer except for question 7 and 8.

QUESTIONS SECTION

Yes No Since your last renewal, please check the appropriate box next to each of the following questions below.

- 1. Have you provided professional services while: (i) Under the influence of alcohol; or (ii) Using any narcotic or controlled dangerous substance, or other drug that is in excess of therapeutic amounts or without valid medical indication?
2. (a) Has any State Licensing or Disciplinary Board or a comparable body in the Armed Services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension or revocation? (b) Have you ever surrendered or failed to renew a license in any state?
3. 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?
4. Have you had a physical or mental illness that currently impairs your ability to practice your profession?
5. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)?
6. Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice?
7. I have completed the Implicit Bias Training required by SB5 / HB 28.
8. Were you issued your Initial License during this licensing cycle of July 1, 2021 through June 30, 2023?

WORKER'S COMPENSATION SECTION:

The Health Occupations §1-202 requires that you verify that you are complying with the Worker's Compensation Act for your renewal license to be issued. COMPLETE ONLY IF YOU EMPLOY ONE OR MORE PERSONS IN MARYLAND.

Insurance Company (Worker's Compensation only)

Grid for Insurance Company name

For Worker's Compensation Information, Call 410 - 864 - 5100 http://www.wcc.state.md.us

Policy Number

Grid for Policy Number

Expiration Date:

Month Day Year grid

I hereby certify that I have earned the required hours of continuing education, as required by the Board, and I affirm that the information I have given in this application is true and correct to the best of my knowledge and belief

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_