

MARYLAND BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

4201 Patterson Avenue E Phone Number: 410-764-3512

RENEWAL APPLICATION FORM

Baltimore, MD 21215 – 2299 www.health.maryland.gov/behs FOR BOARD USE ONLY

Check #

Amount \$

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 2025 odd numbered birth year renewal, the required continuing education hours remains at 20. The following must be completed and returned with your renewal fee for your license to be issued. <u>COMPLETE ALL SPACES ON THE APPLICATION</u>.

LICENSE NUMBER: _____

UPCOMING LICENSE RENEWAL FEE (ODD BIRTH YEAR) \$200.00 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	Date of Birth:
	Month Day Year
FIRST NAME	
MIDDLE NAME / INITIAL	Social Security Number:
	Last Four Numbers Only
ADDRESS ONE	Sex: 1 Male 2 Female
	1. Male 2. Female
ADDRESS TWO	Home Phone
CITY STATE ZIP CODE	Work Phone
	Cell Phone
EMAIL ADDRESS	
Employer Name	
Dept. & Dept. Phone #	
Employer Address	
Dept. Fax	
o further its commitment to equal opportunity, The Board of Environmental Health Specialis	
nformation. This information will be used for statistical purposes only by authorized person	
Race/Ethnic identification - Please check all that apply: Are you of Hispanic or Latin orig	in? Yes No
American Indian or Alaska Native Native Hawaiian or Pacific Islander Asian	White Black or African American Other
MD-BEHS-Renewal Application Form- 2023	1 of 2

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

Yes	No	Since your last renewal, please check the appropriate box next to each of the following questions below.
		 Have you provided professional services while: Under the influence of alcohol; or 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)										
Policy Number										
Expiration Date: Month Day Year										
]-]-					

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

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

Signature:

Name:

Date: