



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 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. COMPLETE ALL SPACES ON THE APPLICATION.

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 [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

