March, 2017

Dear Licensee:

Enclosed is your license renewal application. Please complete the application and return it to the Board with your renewal fee prior to the June 30, 2017 expiration date.

<table>
<thead>
<tr>
<th>DATE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 30th 2017</td>
<td>$200.00 renewal fee (Including 20 ceu’s)</td>
</tr>
<tr>
<td>After July 1, 2017</td>
<td>$500.00 reactivation fee (Including 20 ceu’s)</td>
</tr>
</tbody>
</table>

If you do not renew your license by the June 30, 2017, your license will be placed in a non-renewed status. The fee to reactivate will be $500.00.

If you elect to do so, you can place your license on an Inactive Status as stated in regulation §21-310 (a) (1) (i) and (ii). The Board shall place a licensed environmental health specialist on inactive status for a period not to exceed 4 years if the licensed environmental health specialist: Submits to the Board the written application for inactive status and pays to the Board the inactive status fee of $25.00. The inactivate status application is found on the Board’s webpage under the licensing information tab. When the licensee wants to reactivate they would visit the Board’s webpage and complete the reactivation application and return it with the $300.00 reactivation fee to the Board. In addition the licensee will need 20 continuing education credits dating back 24 months from the date of the requested reactivation.

If you have any questions or concerns please contact the Board at 410-764-3512.

Sincerely,

Donna Zickefoose
Administrative Officer II
## PERSONAL INFORMATION SECTION:

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME / INITIAL</th>
<th>ADDRESS ONE</th>
<th>ADDRESS TWO</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>WORK EMAIL ADDRESS or ALTERNATE ADDRESS</th>
</tr>
</thead>
</table>

**Employer Name (if Retired please write Retired.)**

**Employer Address**

**Dept. & Phone #**

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**

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

**Date of Birth:**

Month: [ ] Day: [ ] Year: [ ]

**Social Security Number – Last 4 digits**

[ ] [ ] [ ] [ ]

**Sex:**

[ ] 1. Male
[ ] 2. Female

**Home Phone**

**Work Phone**

**Cell Phone**

Success in your career as an Environmental Health Specialist is your own responsibility. To further your professional development, we encourage you to participate in Board-approved continuing education programs. The required amount of continuing education hours is 20. The following must be completed and returned with your renewal fee for your license to be issued.

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**Check #** [ ] **Amount $** [ ]

**LICENSE NUMBER:** [ ]

**LICENSE RENEWAL FEE:** $ 200.00

**EXPIRATION DATE OF CURRENT LICENSE:** 06-30-2017

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**Failure to renew your license by 06-30-2017 will result in the expiration of your license. You are required by Health Occupations § 21-309 to participate in Board approved continuing education programs. The required amount of continuing education hours is 20. The following must be completed and returned with your renewal fee for your license to be issued.**
This section must be completed for renewal of your license.

QUESTIONS SECTION

Yes No

Since your last renewal for the following please check the appropriate box next to each question 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?

ATTACH A DETAILED EXPLANATION FOR EACH 'YES' ANSWER.

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

Name: ____________________________

Date: ________________ Signature: ____________________________________________