



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Lawrence J. Hogan, Jr. – Governor – Boyd K. Rutherford, Lt. Governor – Dennis Schrader, Secretary

MARYLAND BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299
Web Site: www.dhmh.maryland.gov/behs

Phone Number: 410-764-3512
Fax: 410-358-5674

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.

<u>DATE</u>	<u>FEE</u>
June 30 th 2017	\$200.00 renewal fee (Including 20 ceu's)
After July 1, 2017	\$500.00 reactivation fee (Including 20 ceu's)

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



MARYLAND BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

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

FOR BOARD USE ONLY

RENEWAL APPLICATION FORM

PLEASE MAKE CHECK PAYABLE TO THE BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

Check # _____ Amount \$ _____

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.

LICENSE NUMBER: _____

LICENSE RENEWAL FEE.....\$ 200.00

EXPIRATION DATE OF CURRENT LICENSE: 06-30-2017

PERSONAL INFORMATION SECTION: PLEASE PRINT

LAST NAME

Grid for last name input

FIRST NAME

Grid for first name input

MIDDLE NAME / INITIAL

Grid for middle name/initial input

ADDRESS ONE

Grid for address one input

ADDRESS TWO

Grid for address two input

CITY

Grid for city input

STATE

Grid for state input

ZIP CODE

Grid for zip code input

Date of Birth:

Form for date of birth: Month, Day, Year

Social Security Number - Last 4 digits

Form for social security number last 4 digits

Sex:

Form for sex: 1. Male, 2. Female

Home Phone

Line for home phone input

Work Phone

Line for work phone input

Cell Phone

Line for cell phone input

WORK EMAIL ADDRESS or ALTERNATE ADDRESS

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

Are you of Hispanic or Latin origin? Yes No

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

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)

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For Worker's Compensation Information, Call 410 - 864 - 5100

Policy Number

<http://www.wcc.state.md.us>

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Expiration Date:

Month	Day	Year								
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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: _____