



Environmental Health Scientist
 Environmental Health Scientist-In-Training

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying with this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

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1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
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2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
-
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
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4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a felony in any jurisdiction?
-

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state in which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

If you identified an Environmental Health Scientist license above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

NOTE: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

EDUCATION REQUIREMENTS

Select one:

- 1. I have a [bachelor's](#) or [master's](#) degree from an [Environmental Health Science and Protection Accreditation Council \(EHAC\)](#) approved program. *Official Transcripts must be submitted directly to DOPL by your school.*
- 2. I have a bachelor's or master's degree from an accredited program in a related field as outlined in [R156-20b-302a \(1\)\(b\)](#). *Official Transcripts must be submitted directly to DOPL by your school.*
- 3. I have a bachelor's or master's degree from an accredited which includes a college or university level algebra or math course and 30 semester hours or 45 quarter hours from at least three of the areas of study listed in [R156-20b-302a \(1\)\(c\)](#). *Official Transcripts must be submitted directly to DOPL by your school, **and you must complete** "Education Pathway" information below.*

EDUCATION PATHWAY

To be completed by applicants who have selected option 3 above.

Please enter the course information for the required coursework. Use additional sheets, if necessary.
You must also submit official transcripts documenting each of the courses listed.

College or University level algebra or math course:

Course Title: _____ Course Number: _____
Semester: _____ Credit Hours Received: _____

30 semester hours or 45 quarter hours from at least three areas of study listed in [R156-20b-302a \(1\)](#):

Course Title: _____ Course Number: _____
Area of Study: _____ Semester: _____ Credit Hours Received: _____

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Area of Study: _____ Semester: _____ Credit Hours Received: _____

Course Title: _____ Course Number: _____
Area of Study: _____ Semester: _____ Credit Hours Received: _____

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Area of Study: _____ Semester: _____ Credit Hours Received: _____

Course Title: _____ Course Number: _____
Area of Study: _____ Semester: _____ Credit Hours Received: _____



Environmental Health Scientist-in-Training Supervision Agreement

This form only needs to be submitted by individuals applying for an EHS-In-Training license. An EHS-In-Training license is an optional license for applicants who meet all requirements except a passing score on the REHS/RS Examination. See the checklist at the end of this application for additional instructions.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

- I understand that I must meet all requirements except passing the REHS/RS Examination before applying for an Environmental Health Scientist-In-Training license.
- I understand that I must practice under the general supervision of a Utah licensed Environmental Health Scientist, and that I cannot begin practice until the training license has been issued and must cease working once it expires.
- I understand that an Environmental Health Scientist-In-Training license may be issued for only 24 months and cannot be renewed.
- I further understand that it is my responsibility to submit application for my Environmental Health Scientist license once I have passed the REHS/RS Examination.

Signature of Applicant: _____ Date: _____

SUPERVISOR INFORMATION (TO BE COMPLETED BY THE SUPERVISOR)

Supervisor Name: _____
First Middle Last

License Number: _____

Phone: (_____) _____ - _____ Email: _____

Note: REQUIRED Division communication regarding supervision will be sent to this email.

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby certify that I am a licensed environmental health scientist in good standing, and I will supervise the practice of the above-named applicant. I understand that I must provide general supervision and be available for immediate voice communication.

Signature of Supervisor: _____ Date: _____

Please return this form to the applicant to submit with their application. Do not begin supervision until the applicant is approved for an EHS-In-Training license.



APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information that is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other laws.

ALL APPLICANTS

All applicants are required to submit the following items to complete the application:

- Checkboxes for application fee, supporting documentation, and exam score.

LICENSURE BY APPLICATION

In addition to the items required for all applicants, you must submit the following items:

- Checkboxes for official transcripts and REHS/RS Examination score transfer.

APPLICANTS FOR ENVIRONMENTAL HEALTH SCIENTIST-IN-TRAINING

Applicants for the Environmental Health Scientist In-Training license must meet all of the Environmental Health Scientist licensing requirements except a passing score on the REHS/RS. The Environmental Health Scientist In-Training license is not renewable.

- Checkboxes for official transcripts and Environmental Health Scientist-In-Training Supervision Agreement.

LICENSURE BY ENDORSEMENT

If you are currently licensed as an Environmental Health Scientist in another state, you may qualify for Licensure by Endorsement. In addition to the items required by all applicants, please submit:

- Checkbox for official license verification from another state.

Submit completed application to the Division:

By US Postal Service: Division of Professional Licensing, PO BOX 146741, Salt Lake City, UT 84114-6741

By in-person or express delivery: Division of Professional Licensing, Heber M Wells Building, 1st Floor, 160 E 300 S, Salt Lake City, UT 84111

If you have questions, please contact the Division via our direct email address: b2@utah.gov, or via the phone or fax number listed below. Do not send applications or payments to this email.