



**GENERAL INFORMATION AND INSTRUCTIONS**

The information on your application will be used in processing your registration. Please type or print legibly and answer all questions. This form must be accompanied by either a \$55.00 non-refundable registration/certification fee or, for examination applicants, a \$125.00 non-refundable but transferable examination fee. The examination fee is transferable to another examination date within one year , and is forfeited if the examination is not taken within one year.

Each applicant is required to enclose two passport size photos. One of these photos will be used to produce a photo ID card. To be usable, the desired image should be no larger than 1"x 1" (See example below).

Transcripts are required for applicants requesting registration by examination. It is the applicant's responsibility to have the **Records Office of their college or university forward an official copy of their academic record directly to the Georgia Board of Registered Environmental Health Professionals.** Applicants for Certified Environmental Health Technician status must follow the above process in regard to High School Transcripts.

Three letters of reference from professional contacts must be submitted to the Board.

Applicants for examination need not remit the \$55.00 registration/certification fee before passing the examination. Information concerning test dates, times and other information concerning the testing procedures will be provided upon submission of this application. Information for completing the registration/certification process will be provided along with exam scores.

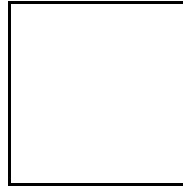
For credential by reciprocity, a letter from the current Board attesting to registration status and good standing of the applicant is required.

**MAKE CHECKS PAYABLE TO G.B.R.E.H.P.**

**RETURN THIS COMPLETED AND SIGNED APPLICATION TO:**

CATHY COLEMAN, EXECUTIVE CLERK  
GEORGIA BOARD OF REGISTERED ENVIRONMENTAL HEALTH PROFESSIONALS  
P.O. BOX 157  
HAWKINSVILLE, GA 31036

**APPROXIMATE SIZE OF PHOTO**



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**ENVIRONMENTAL HEALTH JOB HISTORY ( GBREHP MAY CONTACT EMPLOYERS)**

EMPLOYER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ Email: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ Email: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ Email: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

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(ATTACH ADDITIONAL SHEETS IF NECESSARY)