

*Application for Approval as a NEHA Registered Provider (RP)*  
National Environmental Health Association

**Please use this application to apply to be a NEHA Registered Provider (RP) for the California Dept of Public Health Registered Environmental Health Specialists. Submit the completed application, documentation and fees to NEHA. NEHA defines one continuing education contact hour as equal to one hour of continuing education experience under responsible sponsorship, capable direction and qualified instruction.**

**STEP 1. Name and Address of Applicant**

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

NEHA Membership Number (if applicable): \_\_\_\_\_ NEHA Credential Number (if applicable): \_\_\_\_\_

**STEP 2. Program Information**

Name of Program: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

**STEP 3. Program Content Summary**

Please summarize the content of your program here. Attach an agenda, if available.

**STEP 4. Learning Objectives**

Please summarize learning objectives of course.

**STEP 5. Total CE Hours**

Number of Hours attended: \* \_\_\_\_\_

(-)Breaks/Lunches: \_\_\_\_\_

(-)Dinners: \_\_\_\_\_

(-)Business Meetings: \_\_\_\_\_

Total CE Hours: = \_\_\_\_\_

\*(subject to revision)

**STEP 6. Course Format**

Please check the box(s) that most closely describe the program’s format.

- Conventional Activities *(check all that apply)*
  - Lectures
  - Workshops
  - Classroom/Field Instruction
  - Case Presentations

- Self-study Programs *(check all that apply)*
  - Videotape/DVD
  - Audiotape/CD
  - Computer-Based Training
  - Internet Training

Experiential Skill Development

Technical Facility Tours

**STEP 7. Instructors**

Please list all instructors participating in the program. Attach extra pages if necessary.

Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**STEP 8. Statement of Affirmation**

The applicant acknowledges that the information supplied on this Application Form and on any other supporting documentation is accurate to the best of their knowledge.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 9. Application Fee**

There is a \$100.00 application fee to be a registered provider.

**Method of Payment:**

I have enclosed a check or money order payable to the National Environmental Health Association.

Please charge my Visa or Mastercard:

Card Number: \_\_\_\_\_

Exp.: \_\_\_\_\_ CVV (code on back of card) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

**STEP 10. SUBMIT FORM TO:**

NEHA  
 720 S. Colorado Blvd., Ste. 1000-N  
 Denver, CO 80246  
 Phone: 303-756-9090  
 Fax: 303-691-9490  
 E-mail: [credentialing@neha.org](mailto:credentialing@neha.org)

