



**RENEWAL APPLICATION FOR LICENSURE
OF ENVIRONMENTAL HEALTH PRACTITIONER**

NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 14818 (1-2019)

DO NOT WRITE IN THIS BLOCK

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|--|
| Date Received |
| Fee Paid |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
| State Health Officer Signature |
| Date Certificate Issued |

North Dakota Century Code Chapter 43-43 requires that any person engaged in the practice of environmental health within North Dakota shall be required to be licensed. The practice of environmental health is defined as: "any service or work, such as consultation, investigation, evaluation, surveys, and inspections in the environmental program areas of food, beverage, housing, and lodging sanitation."

Environmental health practitioner licenses are renewable on January 1 of each biennium. The renewal forms must be accompanied by the following: (1) Renewal fee - \$15.00 (\$2.00 late renewal fee per month); and (2) Proof of meeting the continuing education requirements - 1.5 CEU's of continuing education in the field of environmental health, completed in the biennium preceding the biennium for which licensure is sought.

INSTRUCTIONS TO APPLICANT

Complete this application by printing in ink, or by typing. If additional space is required to answer questions, use a separate sheet and attach to this application. Make check or money order payable to the North Dakota Department of Health.

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|---|------|-----------------------|----------|---------------------------|
| Name of Applicant (AS IT SHOULD APPEAR ON YOUR CERTIFICATE) | | Email Address | | |
| Business Address | City | State | ZIP Code | County |
| Residence Address | City | State | ZIP Code | County |
| Which address should we use for mailing to you? <input type="checkbox"/> Business Address <input type="checkbox"/> Residence Address | | Home Telephone Number | | Business Telephone Number |
| Name of Employer | | City | State | ZIP Code |
| List Your Areas of Specialty | | | | |

CONTINUING EDUCATION EXPERIENCE OVER THE LAST TWO YEARS

| WHERE | COURSE DESCRIPTION | SPONSOR | DATE | *CEU's EARNED |
|-------|--------------------|---------|------|---------------|
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*Proof of CEU's assigned by the Environmental Health Practitioner Curriculum Review Committee must be submitted with your application.

If any change of an educational degree has occurred since the previous licensing period, proof of that educational degree change must be submitted. Enclose a copy of your college transcript(s).

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|--|--------------------------------|--|--|
| Are you a member of the National Environmental Health Association (NEHA)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you a member of the International Association of Milk, Food and Environmental Sanitarians (IAMFES)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of Initial EHP Credentialing | Date of National Credentialing | Credentialing Number | |

I affirm that I am the applicant named in this application; I have read the contents of the application, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect and are made in good faith.

| | |
|------------------------|-------------|
| Signature of Applicant | Date Signed |
|------------------------|-------------|

Send with license renewal fee, check or money order payable to the North Dakota Department of Health, CEU data, college transcript, and any other attachments to:

State Health Officer
North Dakota Department of Health
600 East Boulevard Avenue
Bismarck, ND 58505-0200

Phone: (701) 328-2372