

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

- 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 Code

Phone: _____ 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 in 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 Occupational and 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.

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 certification issued by any state 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 a EHS 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 state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, you may qualify for licensure by endorsement. 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. *Submit official transcripts documenting your degree.*
- 2. I have a bachelor's or master's degree from an accredited program in a related field as outlined in R156-20b-302a (2). *Submit official transcripts documenting your degree.*
- 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 (2). *Submit official transcripts documenting your degree, and complete "Education Pathway" information below.*
- 4. I have one year of licensed experience from a [jurisdiction deemed equivalent to a Utah](#) and my license is in good standing. *See checklist for licensure by endorsement instructions.*

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: _____ Total Credits Received: _____

30 semester hours or 45 quarter hours from at least three of the areas of study listed in R156-20b-302a (2):

Course Title: _____ Course Number: _____

Area of Study: _____ Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

Area of Study: _____ Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

Area of Study: _____ Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

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Course Title: _____ Course Number: _____

Area of Study: _____ Semester: _____ Total Credits Received: _____

Course Title: _____ Course Number: _____

Area of Study: _____ Semester: _____ Total Credits Received: _____

ENVIRONMENTAL HEALTH SCIENTIST-IN-TRAINING SUPERVISION AGREEMENT

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

Section 1: To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

- I understand that I must meet all requirements *except* passing the required examinations 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 required examination.

Signature of Applicant: _____ Date _____

Section 2: To be completed by the supervising EHS.

Name of Supervisor: _____ License Number: _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

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 INSTRUCTION

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

NOTE: Your application will only be held in an incomplete status for 30 days. If you will not have all items submitted to DOPL within 30 days, your application 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 which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

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

- \$60.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Obtain passing examination score(s) as required. Examination information is available on our website, <https://dopl.utah.gov/ehs/>.

Note: If you took this exam for your Utah EHS-In-Training license, you do not need to take it again.

APPLICANTS FOR ENVIRONMENTAL HEALTH SCIENTIST-IN-TRAINING

If you are applying for an Environmental Health Scientist-In-Training license, *in addition* to the items required for all applicants, you must:

- Submit the "Environmental Health Scientist-In-Training Supervision Agreement" found in this application.
- Official transcripts documenting your degree, and any courses listed the Education Pathway of this application. Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.

APPLICANTS FOR ENVIRONMENTAL HEALTH SCIENTIST

If you are applying for an Environmental Health Scientist license, *in addition* to the items required for all applicants, you must:

- Submit official documentation of your passing score on the REHS/RS Examination or the REHS/RS-In-Training Examination.
- Official transcripts documenting your degree, and any courses listed the Education Pathway of this application. Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.

Note: If you were issued a Utah EHS-In-Training license, you do not need to resubmit this information.

APPLICANTS FOR ENVIRONMENTAL HEALTH SCIENTIST BY ENDORSEMENT

If you are currently licensed as an Environmental Health Scientist in another state, have been licensed for at least one year, and are in good standing in a [jurisdiction designated as equivalent to Utah](#) you may apply for **Licensure by Endorsement**. *In addition* to the items required by All Applicants submit:

- Official verification of your license.

Please see [our website](#) for additional information regarding approved states, and if additional documentation is required for your state or circumstances.

Submit the above items with your completed application to:

In Person or Via Express Delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741