MARYLAND BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS
4201 Patterson Avenue, Baltimore. Maryland 21215
Phone#: 410-764-3512 Fax: 410-358-5674
http://www.dhmh.maryland.gov/behs/

Fill in & Print Form

For Board Use Only

Check # _____

Amount _____

RENEWAL APPLICATION FORM

Failure to renew your license by the current expiration date on your license could result in the expiration of your license. You are required by Health Occupations § 21-309 to participate in Board approved continuing education programs. The required amount of continuing education hours is 20. The following must be completed and returned with your renewal fee for your license to be issued.

PLEASE MAKE CHECK PAYABLE TO THE BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

License Number _____ License Renewal Fee.....$200.00.

PERSONAL INFORMATION:

Last Name & (Jr.,III) _____

First Name & Middle Initial _____

Maiden Name _____

Address Line One _____

Address Line Two _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____

E-mail Address _____

Date of Birth _____ SSN _____ ☐ Male ☐ Female

EMPLOYMENT INFORMATION:

Employer Name _____

Employer Address _____

Employer Fax _____

RACE / ETHNIC IDENTIFICATION - Please check all that apply

To further its commitment to equal opportunity, The Board of Environmental Health Specialists requests applicants to provide, voluntarily, the following information. This Information will be used for statistical purposes only by authorized personnel.

Are you of Hispanic or Latin origin? ☐ Yes ☐ No

☐ American Indian/Alaska Native
☐ Asia
☐ Black/African American
☐ Native Hawaiian / Pacific Islander
☐ White
☐ Other

QUESTIONS SECTION:

This section must be completed for renewal of your license. Attach a detailed explanation for each 'YES' answer.

☐ Yes	☐ No	1. Have you provided professional services while: (i) Under the influence of alcohol; or (ii) Using any narcotic or controlled dangerous substance, or other drug that is in excess of therapeutic amounts or without valid medical indication?
☐ Yes	☐ No	2. (a) Has any State Licensing or Disciplinary Board or a comparable body in the Armed Services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension or revocation?
☐ Yes	☐ No	(b) Have you ever surrendered or failed to renew a license in any state?
☐ Yes	☐ No	3. Are there any outstanding complaints, investigations or charges pending against you in any State by any Licensing or Disciplinary Board or a comparable body in the Armed Services?
☐ Yes	☐ No	4. Have you had a physical or mental illness that currently impairs your ability to practice your profession?
☐ Yes	☐ No	5. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgement of any criminal act (excluding traffic violations)?
☐ Yes	☐ No	6. Have the conditions of your employment been affected by nay termination of employment, suspension, or probation for any reason related to your practice?

WORKER'S COMPENSATION :

The Health Occupations §1-202 requires that you verify that you are complying with the Worker's Compensation Act for your renewal license to be issued. COMPLETE ONLY IF YOU EMPLOY ONE OR MORE PERSONS IN MARYLAND.

Insurance Company (Worker's Compensation Only)

For Worker's Compensation Information, Call 410-864-5100

Policy Number

http://www.wcc.state.md.us

Expiration Date

CERTIFY & SIGNATURE:

I hereby certify that I have earned the required hours of continuing education, as required by the Board, and I affirm that the information I have given in this application is true and correct to the best of my knowledge and belief.

Name

Signature _____ Date _____