

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  
*\* If you don't have a social security number, please follow the instructions on the last page.*

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
*Note: All Division notices and communication will be sent to this 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**

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and 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.

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 Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

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.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

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

## PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

## ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: \_\_\_\_\_ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you <b>EVER</b> 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 <b>disciplined in any way</b> ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you <b>CURRENTLY</b> have <b>any criminal action active or pending</b> ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>WITHIN THE PAST 10 YEARS</b> , have you pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> , or been <b>convicted</b> of a <b>misdemeanor</b> in any jurisdiction?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you <b>EVER</b> pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> , or been <b>convicted</b> of a <b>felony</b> in any jurisdiction?

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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.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- 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:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

## PROFESSIONAL LICENSES

List all other licenses, registrations, or certifications issued by any jurisdictions, 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 an Environmental Health Scientist license above, please answer the following:

After obtaining the license/certification(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/certification was issued?

Yes  No

Note: If you answer yes to the question above, 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. *Official Transcripts must be submitted directly to DOPL by your school.*
- 2. I have a bachelor's or master's degree from an accredited program in a related field as outlined in R156-20b-302a (1)(b). *Official Transcripts must be submitted directly to DOPL by your school.*
- 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 (1)(c). *Official Transcripts must be submitted directly to DOPL by your school, and you must complete "Education Pathway" information below.*

**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: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

**30 semester or 45 quarter hours from at least three areas of study listed in R156-20b-302a (1):**

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Semester: \_\_\_\_\_ Credit Hours Received: \_\_\_\_\_



## Environmental Health Scientist-in-Training Supervision Agreement

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

**APPLICANT INFORMATION** *(to be completed by the applicant)*

Full Legal Name: \_\_\_\_\_  
First Middle Last

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

- I understand that I must meet all requirements except passing the REHS/RS Examination 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 REHS/RS Examination.

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

**SUPERVISOR INFORMATION** *(to be completed by the supervisor)*

Supervisor Name: \_\_\_\_\_  
First Middle Last

License Number: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

Note: REQUIRED Division communication regarding supervision will be sent to this email.

Name of Establishment: \_\_\_\_\_

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

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 INSTRUCTIONS

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

*Note: Incomplete applications 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.

**If you do not have a valid Social Security number**, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Admin. Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

### ALL APPLICANTS

**All applicants** are required to submit the 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".
- Official transcripts supporting education listed on the **EDUCATION REQUIREMENTS** form (page 3) of this application to meet the qualifications for licensure outlined in [Utah Administrative Code § R156-20b-302a](#).

**NOTE:** *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. Transcripts can be sent via secure email from your school's registrar's office to [b2@utah.gov](mailto:b2@utah.gov).*

- Obtain a passing score for the **Utah Environmental Health Scientist Law and Rule Examination**. More information is available at: <https://dopl.utah.gov/environmental-health-science/exam-information/>.

### LICENSURE BY APPLICATION

In addition to the items required for all applicants, you must submit the following items:

- Official REHS/RS Examination score transfer from the National Environmental Health Association (NEHA). Score reports are only accepted by the Division when they are sent directly to the Division from NEHA. More information about score transfers can be found at the Division's website: <https://dopl.utah.gov/environmental-health-science/exam-information/>

### APPLICANTS FOR ENVIRONMENTAL HEALTH SCIENTIST-IN-TRAINING

Applicants for the Environmental Health Scientist In-Training license must meet all the Environmental Health Scientist licensing requirements except a passing score on the REHS/RS. *The Environmental Health Scientist In-Training license is not renewable.*

- Submit the **Environmental Health Scientist-In-Training Supervision Agreement** found in this application (page4)

### LICENSURE BY ENDORSEMENT

If you are currently licensed as an Environmental Health Scientist in another state, you may qualify for Licensure by Endorsement. In addition to the items required by all applicants, please submit:

- Official license verification from the other state's licensing authority, showing active licensure, in good standing, for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our [website](#) for additional information regarding approved states.

### **Submit completed application to the Division:**

By US Postal Service:

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

By in-person or express delivery:

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

If you have questions, please contact the Division at 801-530-6628 or by email at [B2@Utah.gov](mailto:B2@Utah.gov).