



Application for Healthy Homes Specialist (HHS) Credential

Rev. 04/2012

Step 1. Name and Address of Applicant (Please print or type.)

Name: _____

Business Name: _____

Business Address: _____
Street Address _____

Business Address: _____
City _____ ST _____ Zip Code _____

Home Address: _____
City _____ ST _____ Zip Code _____

Daytime Telephone: _____ Home Telephone: _____

Fax Number: _____ E-mail: _____

NEHA Membership Number (if applicable): _____ Preferred Address to Receive Mail: Business
 Home

Step 2. NEHA Credential Options, Fees and Payment Information

Credential Name

— Healthy Homes Specialist Credential Application Fee \$75

YES! I would like to join NEHA
In addition to the enclosed credential fee(s) payment,
I have included my \$95 yearly membership fee.

TOTAL

Payment Options:

Check/Money Order Visa or Mastercard (circle one)

credit Card # _____ Exp.: _____

Signature:

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2) Verify using the Work Experience Verification form Five (5) years of experience in housing, environmental health, or related field.

*3) Upon passing the examination you must complete an assessment exercise through the National Center for Healthy Housing (NCHH). To access the assessment you must go to:

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<http://www.nchh.org/Training/CEHRCVisualSurveyExercise.aspx>

Step 3. Administration Options.

OPTION ONE – NATIONAL CONFERENCE. The exam is administered each year at the NEHA Annual Educational Conference and Exhibition. The next conference is scheduled for June 18-21, 2007 in Atlantic City, NJ.

OPTION TWO – National Healthy Homes Training.

Exam Date: _____

Name of Training Center: _____

Training Center Location: _____
City _____ *State* _____

Step 4. Proof of Age

Please provide proof of age (i.e. copy of driver's license, passport, etc.)

Step 5. Statement of Affirmation

I, _____, do solemnly swear and affirm that I am the applicant named in this application; that I have made or read the contents hereof, 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

Step 6. NEHA Code of Ethics for NEHA Credentialed Professionals

As an environmental professional, credentialed by the National Environmental Health Association, I hereby acknowledge, accept, and profess to abide by the following code of conduct and ethics: ·

- As long as my credential is in an active status, I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I will proudly represent my credentialed status and the credential itself to my professional peers, and to the public I serve.
- In the course of performing my duties, I will conduct myself in a professional manner befitting of my credentialed status.
- For the sake of elevating the recognition and status of my field, I will actively encourage my professional colleagues to consider earning this credential for themselves.
- I will do nothing to undermine, detract from, or otherwise cause to develop any damaging associations with respect to this credential. I accept that any activity on my part that will cause this credential any measure of injury serves as a breach and a failure on my part to uphold this code of ethics. Moreover, I accept that such action, for which I might be responsible, could result in the revocation of my credential.
- I commit that my professional goal is to serve humankind by doing whatever I am able to do in the course of carrying out my professional responsibilities to maintain and provide a healthful environment for all.

Signature of Applicant

Date

Step 7. Work Experience Verification Form.

The following form must be used to verify a minimum of five (5) years work experience in housing, environmental health or public health by the applicant. Verifications may be provided by a supervisor, human resources department, local/county/state health department, or a Healthy Homes Specialist certified co-worker that works with you.

I verify that _____ has a minimum of five (5) years work experience
(Applicant's Name)
in housing, environmental health or public health.

Please note: Individuals providing verification of the applicant's work experience may be contacted by NEHA during a random application audit.

Person verifying applicant's work experience in housing, environmental health or public health please complete the following:

NAME (Print full name)

TITLE

NAME OF COMPANY

STREET ADDRESS

CITY, STATE, ZIP CODE

DAYTIME TELEPHONE

EMAIL ADDRESS

SIGNATURE

DATE

Step 8. Checklist for Credential Application

ALL CREDENTIAL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- Completed Application (Steps 1 through 8 must be completed. Applications that are incomplete are subject to delay in processing. If you need help in completing the application, please contact NEHA at 303-756-9090, ext. 339 or e-mail credentialing@neha.org)
- Application Fee
- Proof of age (i.e. Copy of Driver's license or birth certificate)
- Completed Work Experience Verification Form signed by a third party

Step 10. Mail your completed application with payment to:

National Environmental Health Association, Attn: Credentialing Department, 720 South Colorado Blvd., Ste. 1000-N, Denver, CO 80246. If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at Phone: 303-756-9090, ext. 339; Fax: 303-691-9490, E-mail: credentialing@neha.org Internet: www.neha.org.