



Application for Healthy Homes Specialist (HHS) Credential

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

Name: _____

Business Name: _____

Business Address: _____

Street Address

Business Address: _____

City

State

ZIP

Home Address: _____

Street Address

Home Address: _____

City

State

ZIP

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

<u>Credential Name</u>	<u>Member</u>	<u>Non-Member</u>	<u>Subtotal</u>
____ Healthy Homes Specialist Credential (includes \$25 member / \$50 non-member non-refundable application fee)	\$150	\$205	\$ ____
____ YES! I would like to join NEHA. In addition to the enclosed credential fee(s) payment, I have included my \$95 yearly membership fee.			\$ ____
____ I wish to take the exam within four weeks of this application. I have enclosed a \$25 expedite fee for this service.			\$ ____
		TOTAL	\$ ____

Payment Options:

____ Check/Money Order ____ Visa ____ MasterCard (check one)

credit Card # _____ Exp.: _____

Signature: _____

CRITERIA TO OBTAIN THE CREDENTIAL

You must:

- 1) be at least 21 years old;
- 2) verify five (5) years of experience in housing, environmental health or public health using the **Work Experience Verification** form (see Step 6);
- 3) achieve a score of 70% or better on the qualifying exam; *and*
- 4) upon passing the examination you must complete an assessment exercise through the National Center for Healthy Housing (NCHH). To access the assessment go to:
<http://www.healthyhomestraining.org/Credential/cehrc.htm>

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 22-25, 2008 in Tuscon, AZ.
- ☐ **OPTION TWO – COMPUTER TESTING AT LASERGRADE** These exams are available on computer at LaserGrade testing centers in the United States. For this option an additional fee of \$45.00 will apply. You will need to pay the \$45.00 fee directly to LaserGrade upon taking the exam. For information regarding the center nearest you, please visit www.lasergrade.com/locate.shtml or contact the NEHA Credentialing Department at (303) 756-9090 ext. 337 or ext. 339.
- ☐ **OPTION THREE – National Healthy Homes Training Center**

Exam Date: _____ Proctor Name: _____

Name of Training Center: _____

Training Center Location: _____
City State

Training Center Telephone Number: _____

Step 4. 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 5. 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 6. Work Experience Verification Form

TO BE COMPLETED BY A THIRD PARTY

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
(Applicants Name)
in housing, environmental health or public health.

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

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

NAME OF THIRD PARTY (Print full name)

TITLE OF THIRD PARTY

NAME OF COMPANY OF THIRD PARTY

STREET ADDRESS OF THIRD PARTY

CITY

STATE

ZIP

DAYTIME TELEPHONE OF THIRD PARTY

EMAIL ADDRESS OF THIRD PARTY

SIGNATURE OF THIRD PARTY

DATE