



REGISTERED ENVIRONMENTAL HEALTH SPECIALIST (REHS)



CONTINUING EDUCATION EXEMPTION REQUEST

Exemption requests may be granted for serious illness or disability or for military duty.

Instructions

1. Complete this REHS Continuing Education Exemption Request using a typewriter or pen. If completed in pen, legibly print each entry.
2. Each exemption request must be reviewed and approved before exemption is granted. Keep in mind that if it is not approved you must submit 24 hours of REHS continuing education at the time of your renewal.
3. Submit a physician's verification if exemption request is for an illness or disability.
4. Supply confirmatory proof of residency of 12 months or more outside California if absence was military related.
5. You must pay all renewal fees as disclosed on your renewal notice.
6. If an exemption is granted, the status of your license will be renewed as an active license.
7. The exemption is valid for this renewal cycle. If your situation requires an exemption for the next renewal cycle, you must submit a new request.
8. MAIL TO: **California Department of Public Health
EHS Registration Program
MS 7404
PO Box 997377
Sacramento, CA 95899-7377**

Applicant Name:		REHS#:	
Street Address:			
City:		State:	Zip Code:
Email:			
Telephone:		Cell Phone:	Work Phone:
Reason for Request:			

Complete the Appropriate Section

Illness or Disability

For illness or disability, indicate dates:		
Physician verification [Physician, please describe illness or disability and why it prevented the completion of continuing education requirements].		
Physician Signature:		Date:
Physician Name:		License #:
Street Address:		
City:	State:	Zip Code:
Telephone:		

Military Service

Dates of military service outside CA (send proof):	Stationed:
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Certification

I hereby apply for a REHS Continuing Education Waiver. I certify that the information presented above is true and correct.

Name:	Title:
Signature:	Date: