



# 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. HHS Credential Fees and Payment Information

<u>Credential Name</u>	<u>Member</u>		<u>Non-Member</u>	<u>Subtotal</u>
___ Application Fee Healthy Homes Specialist Credential	\$25	or	\$50	\$ ___
___ Exam Fee Healthy Homes Specialist Credential	\$95	or	\$125	\$ ___
___ Assessment Exercise Fee* Healthy Homes Specialist	\$30	or	\$30	\$ ___
___ <b>YES!</b> I would like to join NEHA and take advantage of the member fees above. In addition to the enclosed credential fee(s) payment I have included my <b>\$95</b> yearly membership fee.				\$ ___

*All Application, Exam and Assessment fees must be included with the completed application prior to processing. The application fee is non-refundable including for those applications that are rejected. Written requests for refunds of exam fees will be honored only up to 90 days after the fees have been processed by NEHA.*

**TOTAL** \$ \_\_\_

### Payment Options:

\_\_\_ Check/Money Order (make payable to NEHA) \_\_\_ Visa \_\_\_ MasterCard *(check one)*

Credit Card # \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_

TO OBTAIN THE CREDENTIAL: You must:

- 1) be 21 years old; *and*
- 2) verify using the Work Experience Verification form Five (5) years of experience in housing, environmental health, or public health; *and*
- \*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:  
[www.nchh.org/Training/CEHRCVisualSurveyExercise.aspx](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. Please visit [www.neha.org](http://www.neha.org) for more information.
- 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 \$50.00 will apply. You will need to pay the \$50.00 fee directly to LaserGrade upon taking the exam. For information regarding the center nearest you, please visit [www.lasergrade.com/locate.shtml](http://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. 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

**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

### **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](mailto:credentialing@neha.org))
- Application Fee, Exam Fee, and Assessment Exercise 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 9. 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](mailto:credentialing@neha.org)

Internet: [www.neha.org](http://www.neha.org)