



Mike DeWine, Governor
Jon Husted, Lt. Governor

Bruce Vanderhoff, MD, MBA, Director

Certification of Registrant

The section must be sworn to in the presence of a Notary Public or an officer authorized to administer oaths.

I, _____, certify that I am the person referred to in
this (Print Name) application and that the foregoing statements are true in every respect.

I hereby certify to the Director of Health that I am not presently engaging in and will not engage in the practice of environmental health or use any initials, titles, or words which imply that I am registered in Ohio, or any other letters, words, abbreviations, or insignia indicating or implying that I am registered, until I am reinstated and thereby hold a valid registration granted by the Director of Health. I further certify that if I accept employment in the field of environmental health in Ohio prior to reinstatement, I will perform only duties which do not constitute the practice of environmental health as defined in section 4736.01 of the Ohio Revised Code.

I understand that the Director of Health is authorized by law to initiate action against a person who unlawfully uses the words environmental health specialist, registered environmental health specialist, "REHS", or any other letters, words, abbreviations, or insignia indicating or implying that the individual is registered as an environmental health professional unless the person holds a valid registration under sections 4736.01 to 4736.18 of the Ohio Revised Code or implies by actions or otherwise engages in the practice of environmental health unless the individual holds a valid registration under sections 4736.01 to 4736.18 of the Ohio Revised Code.

I understand that the Director of Health may refuse to grant registration to me or suspend or revoke my registration if I violate any provision of Section 4736.01 to 4736.18 of the Ohio Revised Code.

To be completed before a Notary Public:

Signature of Registrant

Date of Signature

Sworn to and signed before me this _____

day of _____, 20____.

SEAL OF
NOTARY PUBLIC

Signature of Notary Public

My Commission Expires: _____