

# ENVIRONMENTAL HEALTH SPECIALIST APPLICATION FOR TRANSCRIPT EVALUATION

In order for your transcripts to be evaluated for the Environmental Health Specialist program, you must submit a completed application, official college transcripts, and a non-refundable fee of \$245.25 to:

**CPS HR Consulting, Attn: EHS Transcript Evaluation, 2450 Del Paso Rd, Suite 160, Sacramento, CA 95834**

1. **Review EHS Application Instructions, Options I-IV** including the educational requirements for basic science units available at <https://www.cpshr.us/exam-registration/#environmental>. You may submit your transcripts for evaluation before meeting all the requirements, but the fee is non-refundable and does not depend on the outcome of the evaluation. Subsequent evaluations for additional courses completed after an initial evaluation are processed at no additional charge.
2. **Send completed application along with a cashier's check, money order, or credit card** payment in the amount of \$245.25 to the address above. **No personal checks accepted.**
3. **Submit official college transcripts to CPS HR from all schools attended where you took science or math courses and completed your Bachelor's degree.** Please list all of these schools below. You must mail the transcripts in its sealed envelope and may send it along with your application, or have the college mail them to CPS HR directly (address above). Official electronic transcripts are accepted directly from the institution to [ehsmailbox@cpshr.us](mailto:ehsmailbox@cpshr.us).
4. **You can view the status of your transcript evaluation by logging on to our website at:** <https://secure.cpshr.us/TakeATest/EHSTranscript/index.asp>. A login and password will be sent to the email address submitted on this application.

### Personal Information

Name – Last	First	MI	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss.
Previous Names Used (listed on any transcripts):			
Address		City	State      Zip
Primary Phone	Alternate Phone	Email Address (this will be used to set-up your online account)	
(   )	(   )		

### Education

Name of College or University	City, State	Major Course of Study	From	To	Degree	Year Completed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Paying by credit card?

Credit Card Type	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/>
Name on Credit Card:	_____
Credit Card #:	_____
Expiration Date:	_____ Security Code (back of card): _____