



**NATIONAL
ENVIRONMENTAL HEALTH
SCIENCE AND PROTECTION
ACCREDITATION COUNCIL
(EHAC)**

Application for Initial Accreditation

Program Name:		Date:
Institution Name:		
Name of Program Administrator*:		
Name of Program Contact:		
Contact E-mail address:		
Mailing Address:		
City:	State:	Zip Code:
Telephone number:		Fax number:

* The Program Administrator is person responsible for administration of the program seeking accreditation.

** The Program Contact listed above will receive all official communication from the National Environmental Health Science and Protection Accreditation Council (EHAC)

An initial application fee of \$500.00 is due upon receipt. Please make check payable to EHAC and submit with this application to:

The National Environmental Health Science and Protection Accreditation Council (EHAC)
POB 66057
Burien WA 98166 Phone: 206.522-5272 Fax:206.985-9805

By signing below, the program listed above is applying for accreditation with EHAC.

Signature of Program Administrator

Date

FOR OFFICE USE ONLY

Application Fee:	\$500.00	Date Received:	
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