



NATIONAL ENVIRONMENTAL HEALTH SCIENCE & PROTECTION ACCREDITATION COUNCIL (EHAC)

Intent to Reaccredit Form

Program Name:		Date:
Institution Name:		
Undergraduate or Graduate Program (If you have both an undergraduate and graduate program reaccrediting in the same year, please note that below (Please also note: there is a \$500 reaccreditation fee for each program):		
Name of Program Administrator*:		
Name of Program Director**:		
Program Contact Director 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 Director listed above will receive all official communication from the National Environmental Health Science and Protection Accreditation Council (EHAC).

A reaccreditation fee of \$500.00 will be invoiced to your program(s) upon receipt of this form. Please submit this form to Leslie Mitchell at executive.director@nehspac.org by September 1, 2018.

By signing below, the program(s) listed above affirms the intent to seek reaccreditation with the National Environmental Health Science & Protection Accreditation Council (EHAC).

Signature of Program Administrator

Date

FOR OFFICE USE ONLY

Application Fee:	\$500.00	Date Received:	
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