



NATIONAL ENVIRONMENTAL HEALTH SCIENCE & PROTECTION ACCREDITATION COUNCIL (EHAC)

Intent to Reaccredit Form

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|---|-------------|-----------|
| 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 30, 2019.

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: | |
|------------------|----------|----------------|--|