



# National Environmental Health Science & Protection Accreditation Council

*Enhancing the education and training of students  
in environmental health science and protection*

## 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 \$1000 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 \$1000.00 will be invoiced to your program(s) upon receipt of this form or on October 1. Please submit this form to Leslie Mitchell at [executive.director@nehspac.org](mailto:executive.director@nehspac.org) by September 30.**

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:	\$1000.00	Date Received:	
------------------	-----------	----------------	--

***The National Environmental Health Science & Protection Accreditation Council (EHAC)***  
***POB 66057, Burien, WA 98166 • Office: 206-522-5272 • [www.nehspac.org](http://www.nehspac.org)***