



# National Environmental Health Science & Protection Accreditation Council

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

## Application for Initial Accreditation - Graduate Programs

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 the 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 and fee of \$1500.00 is due by October 1st. Please make check payable to EHAC and submit to:**

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

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

\_\_\_\_\_  
Signature of Program Administrator

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Application Fee:	<b>\$1500.00</b>	Date Received:	
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