



**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 fee of \$500.00 is due at the time of application submission. Please submit payment to:

The National Environmental Health Science and Protection Accreditation Council (EHAC)
Attn: EHAC Project Assistant
8620 Roosevelt Way NE, Suite A
Seattle, WA 98115

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:	
-------------------------	----------	-----------------------	--

The National Environmental Health Science & Protection Accreditation Council (EHAC)

8620 Roosevelt Way NE, Suite A, Seattle, WA 98115 – 206-522-5272

www.ehacoffice.org