



Application for RFSA Credential

(Please allow 4-6 weeks for processing)

REV 8/17

Step 1. Name and Address of Applicant *(Please print or type.)*

NAME: _____

NEHA Membership # if known: _____

Sustaining member # if known: _____

PREFERRED MAILING ADDRESS:

Job Title: _____

Street Address

City/State/Zip Code

Work Telephone: _____ Home Telephone: _____

Mobile phone: _____ E-mail (this is required): _____

Employer Information: _____
Place of Employment Street Address City/State/Zip Code

Step 2. NEHA Credential Options, Fees and Payment Information

Member Price / Non-Member Price

Must possess a current CFSSA to apply for RFSA.

Registered Food Safety Auditor (RFSA) \$225 or \$355

____ **YES!** I would like to join NEHA and take advantage of the member fees above. Individual Membership (E-Journal Only)
This is a yearly membership fee. \$95

Other membership options are also available. Visit www.neha.org/member. Individual Membership (E-Journal + Hard Copy)
\$110

TOTAL: _____

Payment Options: _____ Visa or MC *(circle one)* _____ Check/MO (make payable to NEHA)
Credit Card #: _____ Exp.: _____ CVV (number on back): _____
Billing address: _____
(street) (city, state, zip)
Name on card (printed): _____ Signature: _____

Refund Policy: The Application Fee is non-transferable for all applications, including those that are rejected. Only partial refunds of \$125.00 of the Application Fee are allowed.

Written requests for partial refunds of the application fee will be honored only up to ninety (90) days after the fees have been processed by NEHA.

PLEASE NOTE: FEES MAY BE SUBJECT TO CHANGE without Prior Notice

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Step 3. Requirements

- 1) NEHA's CFSSA Credential # _____
- 2) Audit or inspection experience of a minimum of five audits in one food sector/category (equaling a minimum total of 80 hours) with the audits meeting or equivalent to an audit program within that same sector. Current acceptable sectors are Human, Animal, and Produce. Only experience within the past 18 months of the RFSA application being submitted will be accepted.
- 3) Have a sponsoring Certification Body (CB) submit an acceptable Witness Audit Checklist in one food sector/category. The Witness Audit Checklist must align with the audit or inspection experience as outlined in Requirement 2.

Step 4. Professional Conduct Questions - SIGNATURE REQUIRED

1. Have you ever had a professional certification, registration and or license revoked, suspended, sanctioned or had any disciplinary action against you either in the United States or another country?

Yes No

If YES, please explain in detail on an attached sheet the circumstances.

2. Have you ever been convicted of a felony or a misdemeanor?

Yes No

If YES, please explain in detail on an attached sheet the circumstances and include the charge, date and location of conviction.

X _____
Signature of Applicant *Date*

Step 5. NEHA Code of Ethics for Credentialed Professionals – SIGNATURE REQUIRED

As an environmental professional, credentialed by the National Environmental Health Association, I hereby acknowledge, accept, and agree to abide by the following code of conduct and ethics:

- I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I shall conduct myself in a professional manner befitting of my credentialed status.
- I shall proudly represent my credentialed status to the public I serve.
- I shall do nothing to undermine, detract from, or otherwise cause to develop any damaging associations with respect to this credential. I accept that any activity on my part that will cause this credential any measure of injury serves as a breach and a failure on my part to uphold this code of ethics. Moreover, I accept that such actions for which I might be responsible could result in the revocation of my credential.
- I shall do nothing to impair my ability to discharge any administrative or regulatory duty related to my professional credential that may also be required under federal, state or local law as a part of the position I hold.

X _____
Signature of Applicant *Date*

Step 6. Statement of Affirmation – SIGNATURE REQUIRED

I, _____, do solemnly swear and affirm that I am the applicant named in this application; that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect, and are made in good faith.

X _____
Signature of Applicant *Date*

Step 7. Mail, fax, or e-mail your completed application with payment to:

National Environmental Health Association, Attn: Credentialing Department, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246.

E-mail: credentialing@neha.org Please specify credential type in the e-mail. Fax: 303-691-9490

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If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at 303-756-9090, ext. 310