GEORGIA DEPARTMENT OF PUBLIC HEALTH

ENVIRONMENTAL HEALTH SPECIALIST
STATUS UPDATE FORM

Check/Fill in all that apply:

_______ Name Change
_______ Change in contact/employment information

Last 4 digits of Social Security # ____________

Name Change:
Previous
First Name ______________________ Last Name _______________ Middle Initial ______ Suffix _______
(Name as it appears on your card/certificate)                                             (Jr., Sr., III, etc.)

Current
First Name ______________________ Last Name _______________ Middle Initial ______ Suffix _______
(Name as you would like for it to appear on your card/certificate)                 (Jr., Sr., III, etc.)

Email Address : _______________________________________________________________________

Change in contact/employment:

Home Phone # _______________ Cell Phone # _______________ Pager/Southern Linc # _______________

Former County/District of Employment:

_____________________________________________________________________________________

Current County/District of Employment:

_____________________________________________________________________________________

Mail this completed form to:
State Environmental Health Office - 13th floor
2 Peachtree Street N.W. - Atlanta, GA 30303

Or email to: Leslie.Freymann@dph.ga.gov