

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.Freyman@dph.ga.gov