



# LIBERIA ENVIRONMENTAL HEALTH BOARD



New Matadi, Near Dweh Medical Clinic  
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## LICENSE RENEWAL APPLICATION FORM

Attach a White  
Background pass  
port size Photo

License #: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Surname                      First Name                      Middle Name

County of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ d/m/y County of Assignment: \_\_\_\_\_

Institution: \_\_\_\_\_

Residential address: \_\_\_\_\_

Contact numbers: \_\_\_\_\_, \_\_\_\_\_

Email address: \_\_\_\_\_

Educational Qualification: Certificate ( ) Diploma ( ) Bachelor ( ) Masters ( ) others ( )

If others, please specify: \_\_\_\_\_

Field of study: \_\_\_\_\_

Professional school attended: \_\_\_\_\_

Year graduated: \_\_\_\_\_ Year you sat stateboard Examinations: \_\_\_\_\_

**NOTE: The primary condition under which you obtain a license under this umbrella is to be a graduate of an accredited institution offering Environmental Health and have passed the State Board Examinations administered by the Liberia board for Public Health Professionals. PLEASE ATTACHED COPY OF YOUR EXPIRED LICENSE!**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson,  
Board of Examiners

Attested: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary-General, LAPHT