



## Application for RS or SIT Registration

State Board of Sanitarian Registration

77 South High Street, 16<sup>th</sup> Floor

Columbus, Ohio 43215-6108

Website: <http://sanitarian.ohio.gov>

E-mail: [stephanie.youst@exchange.state.oh.us](mailto:stephanie.youst@exchange.state.oh.us)

☐ Registered Sanitarian: \$160.00

☐ Sanitarian in Training: \$80.00

☐ Reciprocity: \$160.00

Please make your cashier's check, business check, money order, or personal check payable to the "Treasurer, State of Ohio". Application fees are non refundable.

### Applicant Information (Please Print or Type)

Name		Home Phone w/ Area Code
Permanent Mailing Address		City, State, Zip
Name of Employer		Business Phone w/ Area Code and Extension
Business Address		City, State, Zip
Social Security Number *	E-mail Address (optional)	

\*The Board is required to collect the social security numbers of all applicants pursuant to ORC 3123.50 for potential disclosure to state and local child support enforcement agencies.

Have you ever been convicted of a felony? **If you are applying for registration with the State Board of Sanitarian Registration and you were convicted of a felony, you must provide the Board with a signed statement describing the details of the event(s) that led to the felony conviction and certified copies of all court records relative to or concerning the conviction(s). Failure to provide these documents will result in a delay in the processing of your applications. If you have any questions about this requirement, please contact the Board at 614-466-1772 or <a href="mailto:stephanie.youst@exchange.state.oh.us">stephanie.youst@exchange.state.oh.us</a> .	Yes	No
Have you ever been denied sanitarian registration by this or any other state?	Yes	No
Are you currently registered as a sanitarian in any other state?	Yes	No
If yes, please list the state(s), date(s) of registration, and registration number(s):		
Have you ever been registered as a sanitarian in training with the Ohio State Board of Sanitarian Registration? SIT Number:	Yes	No

### Education

Credit for degree(s) and coursework claimed below must be supported by an official transcript, or review of your application will be delayed.

**You must underline the courses on your transcript(s) that fulfill the requirement specified in Rule 4736-8-01 of the Ohio Administrative Code**, which is available for you to download and review on the Board website (<http://sanitarian.ohio.gov>). Incomplete applications will not be considered by the Board.

College/University	City and State	Dates Attended	Degree(s) Granted and Major
		To: From:	
		To: From:	
		To: From:	

If the degree(s) granted was in environmental health from a program accredited by the National Environmental Health Science and Protection Accreditation Council, (EHAC), please answer the following questions:

Did you complete an internship program?	Yes	No
If "Yes", please list the dates of the internship.	From	To
Did you receive college credit for completion of the internship program?	Yes	No

### Employment History

*(Only Complete the Employment History When Applying for Reciprocity or as a Registered Sanitarian)*

Current Employer	From	To
Title or Position	Full-Time	Part-Time
Detailed Description of Job Duties and Work Performed (** List full time or part-time employment. If you were employed part-time, please list the number of hours worked per week during your employment**)		

Previous Employer	From	To
Title or Position	Full-Time	Part-Time
Detailed Description of Job Duties and Work Performed (** List full time or part-time employment. If you were employed part-time, please list the number of hours worked per week during your employment**)		

For additional information regarding your employment, please attach an additional sheet of paper or a resume. Completion of this form is required by Section 4736.08 of the Ohio Revised Code.

### To be completed before a Notary Public:

Signature of Registrant: \_\_\_\_\_

Sworn to and signed before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

SEAL OF  
NOTARY PUBLIC

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_