



SIT Reinstatement Application

State Board of Sanitarian Registration
 77 South High Street, 16th Floor
 Columbus, Ohio 43215-6108
 E-mail: stephanie.youst@exchange.state.oh.us
 Web Address: <http://sanitarian.ohio.gov>

Rule 4736-7-03 of the Ohio Administrative Code states, in part, that:

For registrants submitting a reinstatement application during the *first twelve months following the expiration of the individual's registration*, the registrant shall complete eighteen hours of continuing education in accordance with rule 4736-11-03 of the Administrative Code within the twelve month period immediately preceding the application for reinstatement. Continuing education hours used to meet the requirements of this paragraph shall not be used to renew the reinstated registration.

For registrants submitting a reinstatement application for a registration that has been expired for a period of *longer than twelve months*, the registrant shall complete thirty six hours of continuing education in accordance with rule 4736-11-04 of the Administrative Code within the twelve month period immediately preceding the application for reinstatement. Continuing education hours used to meet the requirements of the paragraph shall not be used to renew the reinstated registration.

The reinstatement fee, pursuant to rule 4736-7-04 is \$210.00, regardless of the length of time your registration has been expired.

The Board accepts Visa, Master Card and Discover. All fees are non-refundable.

(Please Print or Type)

Name		SIT Registration Number	
SSN*	Home Phone w/ Area Code	Work Phone w/ Area Code and Ext.	
Home Address			
eMail Address			
City		State	Zip

*The Board is required to collect social security numbers of all registrants pursuant to ORC 3123.50 for potential disclosure to the local county Child Support Enforcement Agency.

Employer			
Employment Address			
Start Date of Employment (mm/dd/yy):		End Date of Employment (mm/dd/yy):	
City		State	Zip

Certification of Applicant

The section must be sworn to in the presence of a Notary Public or an officer authorized to administer oaths.

I, _____, certify that I am the person referred to in this

(Print Name)

application and that the foregoing statements are true in every respect.

I hereby certify to the Sanitarian Registration Board that I am not presently engaging in and will not engage in the practice of environmental health or use any initials, titles, or words which imply that I am registered in Ohio, including but not limited to sanitarian in training, R.S., S.I.T., or any other letters, words, abbreviations, or insignia indicating or implying that I am registered, until I am reinstated and thereby hold a valid registration granted by the Board. I further certify that if I accept employment in the field of environmental health in Ohio prior to reinstatement by the Board I will perform only duties which do not constitute the practice of environmental health as defined in section 4736.01 of the Ohio Revised Code.

I understand that the Sanitarian Registration Board is authorized by law to initiate action against a person who unlawfully uses the words registered sanitarian, sanitarian in training, R.S., S.I.T., or any other letters, words, abbreviations, or insignia indicating or implying that the individual is registered as a sanitarian unless the person holds a valid registration under sections 4736.01 to 4736.17 of the Ohio Revised Code or implies by actions or otherwise engages in the practice of environmental health unless the individual holds a valid registration under sections 4736.01 to 4736.17 of the Ohio Revised Code.

I understand that the Sanitarian Registration Board may refuse to grant registration to me or suspend or revoke my registration if I violate any provision of Section 4736.01 to 4736.17 of the Ohio Revised Code.

Signature of Applicant

Date of Signature (mm/dd/yyyy)

To be completed by Notary Public.

Subscribed and sworn to in my presence this _____ day of _____, 20_____.

Signature of Notary

Seal

Date Commission Expires



State of Ohio

Sanitarian Registration Board

Credit Card Payment Authorization Form

Credit card payments may be mailed, faxed, emailed into the Board office. You must print legibly.

This document will be shredded after your payment is processed.

Section I: Provide Credit Card Information		
Card Holder Name: (Print First and Last Name)		
Credit Card Holder Mailing Address, including City, State, and Zip Code:		
Phone Number w/ Area Code:	Email Address:	
Credit Card Type: <input type="radio"/> Master Card <input type="radio"/> Visa <input type="radio"/> Discover	Credit Card Number:	
Credit Card Expiration Date	CVV2/CID# (The three digit number on back of card):	Payment Amount (\$0.00):
Section II: Provide Payment Information		
Name of Applicant, if different than card holder name (Print First and Last Name):		
Specify License/Exam Type: <input type="radio"/> SIT <input type="radio"/> RS <input type="radio"/> Reinstatement <input type="radio"/> Training Agency <input type="radio"/> Examination License Number (i.e. RS.000000) if applicable: _____		
Payment for: <input type="radio"/> SIT Application <input type="radio"/> Advancement Application <input type="radio"/> RS Application <input type="radio"/> Reinstatement Application <input type="radio"/> TA Application <input type="radio"/> Renewal <input type="radio"/> Late Renewal Fee <input type="radio"/> TA Renewal <input type="radio"/> Board Administered Exam <input type="radio"/> Online Examination		

Signature

Date

Return This Document To:

Ohio Sanitarian Registration Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

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