



Ohio State Board of Sanitarian Registration

77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Sanitarian Registration Examination Instructions

The State Board of Sanitarian Registration will administer the NEHA examination on the following dates in central Ohio:

February 27, 2015 – The registration deadline is **January 20, 2015**

May 7, 2015 – The registration deadline is **March 23, 2015**

August 20, 2015 – The registration deadline is **July 13, 2015**

December 3, 2015 – The registration deadline is **October 19, 2015**

Examination applicants must be registered as sanitarians in training or approved to take the examination by the Board through the submission and approval of an application for registered sanitarian. The appropriate application for registered sanitarian must be submitted at least 30 days prior to the examination date.

The Board must receive the completed application form for examination and the appropriate fee by the registration deadline. There are no exceptions for admittance to the examination after the registration deadline.

Submit the attached examination registration form and appropriate fee to the Board at the address listed above. All information must be received by the State Board of Sanitarian Registration no later than the bolded deadline dates. Confirmations are emailed approximately 2 weeks prior to the examination date.

Examination Application Fee

The examination fee is \$165.00 and must be paid by credit card or cashier's check, business check, money order, or personal check made payable to the "Treasurer, State of Ohio". All examination fees are non-refundable and non-transferable.

Special Accommodations

The State Board of Sanitarian Registration provides reasonable and appropriate accommodations in accordance with the *Americans with Disabilities Act (ADA)* for individuals with disabilities who demonstrate a need for special testing accommodations. The requested accommodations must be supported by documentation from a professional who is licensed to diagnose the disability and include:

- Statement of the diagnosed disability.
- An explanation of the special accommodations recommended, including an explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified disability.
- Information regarding the license or certification and area of specialization of the licensed professional

Requests for special testing accommodations and supporting documentation must be submitted to the Board by the examination registration deadline.



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Examination Application Information

(Please Print)

Name:		
Mailing Address **Please Print Clearly**		
Street: _____		
City: _____		
State, Zip Code: _____		
County: _____		
SIT Number:	Home Phone w/ Area Code:	Work Phone w/ Area Code & Ext.
E-mail Address:		
Signature of Applicant:		

Please return the completed form to the Board address listed above. You will receive an email confirming your examination registration approximately 2 weeks prior to the scheduled examination date.