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## Ohio State Board of Sanitarian Registration

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108

Governor  
*Ted Strickland*  
Executive Secretary  
*Stephanie Youst*

## Sanitarian Registration Examination Instructions

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

February 16, 2010 – The registration deadline is **February 1, 2010**

May 11, 2010 – The registration deadline is **April 25, 2010**

Week of August 9-13, 2010 – The registration deadline is **July 19, 2010**

Week of November 1-5, 2010 – The registration deadline is **October 15, 2010**

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 ten days prior to the Board meeting immediately preceding 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 mailed approximately 2 weeks prior to the examination date.

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### Examination Application Fee

The examination fee is \$110.00 and must be either a 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.

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### 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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**Sanitarian Registration Examination Application**

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The examination fee is \$110.00 and must be either a 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. Keep in mind that space for the examination is limited to the first 60 applicants.

**Examination Application Information**

*(Please Print)*

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

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