



## Application For Advancement from SIT to RS

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)

### Advancement Fee: \$80.00

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

It is important to ensure that the experience requirement is met prior to submitting your advancement application and fee. If the experience requirement is not met, and the Board denies your application, the fee is forfeited and you will be required to reapply for advancement. For those SIT's who work part time one year of work experience equals 2,080 hours and two years equals 4,160 hours. You are also required to submit a completed Declaration of Material Assistance as part of your application for advancement. The form is available on the Board website for you to download and complete.

### Applicant Information (Please Print or Type)

Name		Home Phone w/ Area Code	
Social Security Number*	SIT Number	Exam Date	Exam Score
Permanent Mailing Address		City, State, Zip	
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.

<p>Have you ever been convicted of a felony?  <i>**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>.</i></p>	Yes	No
<p>Have you ever been denied sanitarian registration by this or any other state?</p>	Yes	No

### Environmental Health Work Experience

Current Employer	From (mm/dd/yy)	To (mm/dd/yy)
Address		
Name and Title of Supervising RS (If Applicable)	Business Phone w/ Area Code and Extension	

**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)*

Empty box for job duties and work performed.

Previous Employer	From (mm/dd/yy)	To (mm/dd/yy)
Name and Title of Supervising RS (If Applicable)	Business Phone w/ Area Code and Extension	

**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)*

Empty box for job duties and work performed.

**For additional information regarding your employment, please attach an additional sheet of paper or a resume.**

**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: \_\_\_\_\_