Application For Advancement from SIT to RS

State Board of Sanitarian Registration
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108
Website: http://sanitarian.ohio.gov
E-mail: 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 **"Treasurer, State of Ohio"**. *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.

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			

*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 stephanie.youst@exchange.state.oh.us.*	Yes	No
Have you ever been denied sanitarian registration by this or any other state?	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)*

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)*

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: _____