



Application for SIT Registration

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

Sanitarian in Training: \$80.00

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

Applicant Information (Please Print or Type)

Name		Home Phone w/ Area Code
Permanent Mailing Address		City, State, Zip
Name of Employer		Business Phone w/ Area Code and Extension
Business Address		City, State, Zip
Social Security Number *	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? <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 stephanie.youst@exchange.state.oh.us.</i>	Yes	No
Have you ever been denied sanitarian registration by this or any other state?	Yes	No
Are you currently registered as a sanitarian in any other state?	Yes	No
If yes, please list the state(s), date(s) of registration, and registration number(s):		

Education

Credit for degree(s) and coursework claimed below must be supported by an official transcript, or review of your application will be delayed. **The coursework requirement is specified in rule 4736-8-01 of the Ohio Administrative Code**, which is available for you to download and review on the Board website (<http://sanitarian.ohio.gov>). Incomplete applications will not be considered by the Board.

College/University	City and State	Dates Attended	Degree(s) Granted and Major
		To: From:	
		To: From:	
		To: From:	

If the degree(s) granted was in environmental health from a program accredited by the National Environmental Health Science and Protection Accreditation Council, (EHAC), please answer the following questions:

Did you complete an internship program?	Yes	No
If "Yes", please list the dates of the internship.	From	To
Did you receive college credit for completion of the internship program?	Yes	No

Employment History

(Only Complete the Employment History If Employed In The Field of Environmental Health)

Current Employer	From	To
Title or Position	Full-Time	Part-Time
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	To
Title or Position	Full-Time	Part-Time
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. Completion of this form is required by Section 4736.08 of the Ohio Revised Code.

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: _____



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

Phone (614) 466-1772

Fax (614) 644-8112

Email stephanie.youst@exchange.state.oh.us