

STATE BOARD OF SANITARIAN REGISTRATION

Application for Registration as an Approved Training Agency

<input type="checkbox"/> Fee \$54.00 Check or money order should be made payable to: Treasurer, State of Ohio. Approved training agency status shall expire on December 31 st of each year unless renewed by submitting an application for renewal and the renewal fee of \$27.		
Agency Name	Telephone Number	
Agency Address		
City	State	Zip Code
Name of Continuing Education Coordinator	Telephone Number	
Purpose of the Agency		
<input type="checkbox"/> Governmental Agency <input type="checkbox"/> Non-governmental Agency <input type="checkbox"/> Professional Association <input type="checkbox"/> Accredited School <input type="checkbox"/> Other _____		
If Accredited School: Date of Initial Accreditation		
Name of Accrediting Body		
Describe the educational benefits to registered sanitarians and sanitarians-in-training from your programs		
Describe the type of training your agency will provide		
Describe facilities and instructional materials available or planned for your educational programs		

<input type="checkbox"/> I certify that the training agency will monitor attendance at the courses and provide evidence of attendance to attendees.	
<input type="checkbox"/> I certify that the training agency will monitor attendance and provide the State Board of Sanitarian Registration with a list of attendees and the appropriate number of continuing education clock hours within forty-five days of completion of the course.	
<input type="checkbox"/> I hereby certify....	
<p>This agency agrees to comply with all pertinent Ohio laws and rules as a condition as an approved training agency for continuing education for registered sanitarians and sanitarians-in-training.</p>	
<p>The content, length, and instruction of programs sponsored by this agency shall be consistent in quality with standards deemed acceptable to the Board.</p>	
<p>Administrators and instructors of this agency shall have suitable qualifications in the field of specialization.</p>	
<p>This agency shall provide adequate facilities and appropriate instructional materials to carry out continuing education programs or courses.</p>	
<p>This agency will provide access to the State Board of Sanitarian Registration for the audit or monitoring of a courses sponsored by the training agency.</p>	
<p>I understand that approval if this request designates this agency as an approved training agency of continuing education programs until or unless it is revoked for cause. Failure to comply with rules, or to meet standards, refusal to allow inspection or supply information upon request of the Board or its authorized representative are cause for revocation.</p>	
Signature of Continuing Education Coordinator	
Title of Continuing Education Coordinator	Date

Pursuant to Section 4736-11-06 of the Ohio Administrative Code, a course of study or program of instruction offered for continuing education purposes by an approved training agency shall be submitted to the Board **at least thirty days prior to the date of the course or program on forms prescribed by the Board.** A course of study or program submitted after course or program completion shall not be considered for approval.

Submit 2 copies of this form to:

State of Ohio
STATE BOARD OF SANITARIAN REGISTRATION
 77 South High Street, 16th Floor
 Columbus, Ohio 43215-6018
 Phone: 614-466-1772
 Fax: 614-644-8112
www.state.oh.us/san/

Completion of this form is required by Section 4736-11-05 of the Ohio Administrative Code