



Ohio State Board of Sanitarian Registration

77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Certification of Applicant

The section must be sworn to in the presence of a Notary Public or an officer authorized to administer oaths.

I, _____, certify that I am the person referred to in this (Print Name) application and that the foregoing statements are true in every respect.

I hereby certify to the Sanitarian Registration Board that I am not presently engaging in and will not engage in the practice of environmental health or use any initials, titles, or words which imply that I am registered in Ohio, including but not limited to sanitarian in training, R.S., S.I.T., or any other letters, words, abbreviations, or insignia indicating or implying that I am registered, until I am reinstated and thereby hold a valid registration granted by the Board. I further certify that if I accept employment in the field of environmental health in Ohio prior to reinstatement by the Board I will perform only duties which do not constitute the practice of environmental health as defined in section 4736.01 of the Ohio Revised Code.

I understand that the Sanitarian Registration Board is authorized by law to initiate action against a person who unlawfully uses the words registered sanitarian, sanitarian in training, R.S., S.I.T., or any other letters, words, abbreviations, or insignia indicating or implying that the individual is registered as a sanitarian unless the person holds a valid registration under sections 4736.01 to 4736.17 of the Ohio Revised Code or implies by actions or otherwise engages in the practice of environmental health unless the individual holds a valid registration under sections 4736.01 to 4736.17 of the Ohio Revised Code.

I understand that the Sanitarian Registration Board may refuse to grant registration to me or suspend or revoke my registration if I violate any provision of Section 4736.01 to 4736.17 of the Ohio Revised Code.

To be completed before a Notary Public:

Signature of Registrant

Date of Signature

Sworn to and signed before me this _____
day of _____, 20_____.

SEAL OF
NOTARY PUBLIC

Signature of Notary Public

My Commission Expires: _____