



Ohio State Board of Sanitarian Registration

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

Sanitarian Registration Examination Instructions

The State Board of Sanitarian Registration will administer the NEHA examination on the following dates in central Ohio:

April 28, 2017 – The registration deadline is **March 24, 2017**

July 28, 2017 – The registration deadline is **June 23, 2017**

November 3, 2017 – The registration deadline is **September 29, 2017**

Examination applicants must be registered as sanitarians in training or approved to take the examination by the Board through the submission and approval of an application for registered sanitarian. The appropriate application for registered sanitarian must be submitted at least 30 days prior to the examination date.

The Board must receive the completed application form for examination and the appropriate fee by the registration deadline. There are no exceptions for admittance to the examination after the registration deadline.

Submit the attached examination registration form and appropriate fee to the Board at the address listed above. All information must be received by the State Board of Sanitarian Registration no later than the bolded deadline dates. Confirmations are emailed approximately 2 weeks prior to the examination date.

Examination Application Fee

The examination fee is \$165.00 and must be paid by credit card. All examination fees are non-refundable and non-transferable.

Special Accommodations

The State Board of Sanitarian Registration provides reasonable and appropriate accommodations in accordance with the *Americans with Disabilities Act* (ADA) for individuals with disabilities who demonstrate a need for special testing accommodations. The requested accommodations must be supported by documentation from a professional who is licensed to diagnose the disability and include:

- Statement of the diagnosed disability.
- An explanation of the special accommodations recommended, including an explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified disability.
- Information regarding the license or certification and area of specialization of the licensed professional

Requests for special testing accommodations and supporting documentation must be submitted to the Board by the examination registration deadline.



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Sanitarian Registration Examination Application

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Examination Application Information

(Please Print)

Name:		
Mailing Address **Please Print Clearly**		
Street: _____		
City: _____		
State, Zip Code: _____		
County: _____		
SIT Number:	Home Phone w/ Area Code:	Work Phone w/ Area Code & Ext.
E-mail Address:		
Signature of Applicant:		

Please return the completed form to the Board address listed above. You will receive an email confirming your examination registration approximately 2 weeks prior to the scheduled examination date.



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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