



## RS/SIT Reinstatement Application

State Board of Sanitarian Registration  
 77 South High Street, 16<sup>th</sup> Floor  
 Columbus, Ohio 43215-6108  
 E-mail: [stephanie.youst@exchange.state.oh.us](mailto:stephanie.youst@exchange.state.oh.us)  
 Web Address: <http://sanitarian.ohio.gov>

Rule 4736-12-01 of the Ohio Administrative Code states that registrants shall apply for renewal of their registration each year. Each registrant must earn 18 hours of continuing education within the 12 months immediately preceding their certificate expiration date. Registrants with certificates that expire on 1/31 must earn their CE from 2/1 through 1/31. Registrants with certificates that expire on 7/31 must earn their CE from 8/1 through 7/31.

In order to reinstate your registration you must submit the following items, along with this completed form:

- One Year Lapse: \$101.00 reinstatement fee, proof of 18 hours of completed Board approved continuing education coursework, and completed declaration of material assistance form.
- Two Year Lapse: \$175.00 reinstatement fee, proof of 36 hours of completed Board approved continuing education coursework, and completed declaration of material assistance form.
- Three Year Lapse: \$249.00 reinstatement fee, proof of 54 hours of completed Board approved continuing education coursework, and completed declaration of material assistance form.

Acceptable forms of payment are cashier's check, money order, personal check, or business check made payable to "Ohio Treasurer Richard Cordray" in the full amount. Cash and credit cards are not accepted.

*(Please Print or Type)*

<b>Name</b>		<b>Registration Number</b>	
<b>SSN*</b>	<b>Home Phone w/ Area Code</b>	<b>Work Phone w/ Area Code and Ext.</b>	
<b>Home Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>

\*The Board is required to collect social security numbers of all registrants pursuant to ORC 3123.50 for potential disclosure to the local county Child Support Enforcement Agency.

<b>Employer</b>			
<b>Employment Address</b>			
<b>Start Date of Employment (mm/dd/yy):</b>		<b>End Date of Employment (mm/dd/yy):</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>

# 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

## To be completed by Notary Public.

Subscribed and sworn to in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

Seal

\_\_\_\_\_  
Date Commission Expires