



Ohio State Board of Sanitarian Registration

77 South High Street, 16th Floor

Columbus, Ohio 43215-6108

Certification of Job Duties & Supervision Requirement

Section 1: This portion is to be completed by the applicant for advancement:	
Name: (First, Middle, Last)	Maiden Name:
Employment Start Date:	Employment End Date:
Complete Home Mailing Address:	
Detailed Description of Job Duties and Work Performed <i>(List full time or part-time employment. Please include the duties performed and percentage of an average day or week you spent on those activities. Attach a separate sheet if necessary.)</i>	

Applicants Signature

Date

Section 2: This portion is to be completed by the sanitarian in trainings immediate supervisor of record. This form must be uploaded onto the portal with the SIT's application for advancement.
I hereby certify that the applicant has completed the activities listed above in conjunction with his/her employment. Related documents are on file and available upon the Board's request. I further certify that I, as the supervising sanitarian, have fulfilled my responsibilities specified in rule 4736-15-02 of the Ohio Administrative Code.
Name of Supervisor:(First, Middle, Last)
Complete Work Mailing Address:
Email Address and Work Phone:
Supervisors Signature & Date