

Board Members Bruce Vande Lune, Troy Skow, Tanya Harris, Jim Echelle, Phillip Jurina, Patty Nelson, Chad Newton, Chad Winn, and David Bales Attending Remotely from Their Homes

Joined Remotely Via Microsoft Teams Link:

https://teams.microsoft.com/l/meetup-

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SPECIAL MEETING AGENDA SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION ADVISORY COUNCIL TUESDAY, MAY 18TH, 2021 AT 9:00 A.M.

- I. Announcement of filing of meeting and posting of agenda in accordance with Open Meeting Act
- II. Call to Order
- III. Roll Call
- IV. Vote for Chair, Vice Chair, and Secretary
- V. Approval of March 16th, 2021 Minutes
- VI. Program Reports
 - Licensing Update prepared for the April 13, 2021 meeting
- VII. Special Orders
 - Approval of Applicant List
- VIII. Adjournment

^{*}Only matters appearing on the posted agenda may be considered at the special meeting*



MINUTES OF REGULARLY SCHEDULED PUBLIC MEETING

This regular meeting of the Sanitarian/Environmental Specialist Registration Advisory Council, scheduled to begin at 10:00 a.m. on this 16th day of March 2021, was convened in accordance with the Oklahoma Open Meeting Act [25 O.S., §§ 301 et seq.] Further, an advance public notice that was sent to the Secretary of State's Office of Administrative Rules by Internet, prior to this time today, specifying the time and place of the meeting here convened, preceded this meeting. Notice of this meeting was given at least twenty-four (24) hours prior here to and no one filed a written request of notice of meetings of this public body to date.

PUBLIC BODY: SANITARIAN/ENVIRONMENTAL SPECIALIST REGISTRATION ADVISORY COUNCIL

DATE: TUESDAY, MARCH 16, 2021

LOCATION: OKLAHOMA STATE DEPARTMENT OF HEALTH

CONTACT PERSON: SAMUEL CANNELLA TELEPHONE: (405) 271-5243

Agenda Item I:

Open Meeting Act

The filing of the meeting and posting of the agenda in accordance with the Open Meeting Act was announced.

Agenda Item II:

Call to Order

Jim Echelle called the meeting to order at 10:00 AM. Justin Neidel called roll and a quorum was met.

<u>Council Members Present:</u> Jimmy Echelle, Tanya Harris, Phillip Jurina, Chad Newton, Troy Skow, Bruce Vande Lune, and Chad Winn

Council Members Absent: David Bales and Patty Nelson

Staff Present: Sam Cannella, Travis Splawn, and Justin Neidel

Others present: N/A

Agenda Item III:

Approval of October 13th, 2020 Minutes

The TEAMS recording was lost, and previous staff has moved to another agency. Due to this, there was no notes or recording to draft minutes of the October 13, 2020 meeting.

Agenda Item IV:

Program Reports - Licensing Update

Sam Cannella provided a licensing update. As of this meeting there are 521 Sanitarian and/or Environmental Specialist licenses, 10 were issued in 20, 33 have lapsed, and 178 are lifetime licenses. No new licenses have been issued in 2021.

Health.Ok.gov

As of this meeting there are 45 in training licenses, and 18 were issued in 2020. No new licenses have been issued in 2021.

Sam also reported that the new database system Granicus will not be proceeding but will be replaced by Thentia.

Agenda Item V:

Special Orders – Approval of Applicant List

Kenneth Meadows, requesting SIT Monica Dirks, requesting BIT Stephen Dunn, requesting RPESIT Aaron Greenquist, requesting BOT Samantha Clear, requesting BIT Dawn Rohrs, requesting BOT

• Dawn Rohrs was approved to take the exam 2 years ago. She was not able to test at that time, however, used the old letter to take a current exam. There is nothing on the test letter or application stop this from happening so her exam was honored. This subject should be addressed by the Department to alert the applicant they have 6 months to test.

Haley Seim, requesting BIT Laura Kimmel, requesting BIT Lauren Parmley, requesting BIT Allison Varughese, requesting SIT

Chad Winn made a motion to approve the listed applicants. Chad Newton seconded the motion.

Roll Call

Aye: Jimmy Echelle, Tanya Harris, Phillip Jurina, Chad Newton, Troy Skow, Bruce Vande Lune, and Chad Winn

The motion carried.

Agenda Item VI: Unfinished Business

None

Agenda Item VII:

New Business

None

Agenda Item VIII:

Announcements – Correspondence/Updates on Fellow Sanitarians

Jimmy Echelle announced that he will be off work for about 4 weeks for knee replacement and will not be available for the next scheduled meeting.

Agenda Item IX: Adjournment
Phillip Jurina made a motion to adjourn the meeting and Troy Skow seconded.
Roll Call Aye: Jimmy Echelle, Tanya Harris, Phillip Jurina, Chad Newton, Troy Skow, Bruce Vande Lune, and Chad Winn The motion carried.
The March 16, 2021 meeting adjourned at 10:32 AM.
Minutes Approved

Chair Vice-Chair or Secretary Signature

LICENSING PROGRAM REPORTS

OCCUPATIONAL LICENSING DIVISION



Prepared for the Sanitarian & Environmental Specialist
Advisory Council
April 13, 2021

PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION PROGRAM

Registrant verification available online at http://chs.health.ok.gov/

	Total	2020	2021 Initial Issued												
Type of License	Licensure Terms	Active	Issued	J	F	М	A	М	J	J	Α	S	0	Ν	D
		Licenses													
Sanitarian and/or Environmental	1 Voor evoiring	521					·								
	1 Year – expiring December 31 (33	10			۱ ,										
		lapsed)	10	-		2									
Specialist	annually	(178 life)													
Sanitarian- and/or	30 months from														
Environmental	date of Council	45	18	-		8									
Specialist-in-Training	approval/issuance														

(1 Administrative Assistant)

Questions: Samuel Cannella, Programs Manager, 405-246-5243 or Samuel C@health.ok.gov

Justin Neidel, AA II, 405-246-8256 or JustinN@health.ok.gov



Oklahoma State Department of Health Sanitarian & Environmental Specialist Registration Advisory Council Proposed Applicant List

Below are a list of applicants who, upon review by the Department, have completed the requirements as outlined in Oklahoma Administrative Code (OAC) 310:345-3-1 for registration as one of the following:

- Registered Professional: Sanitarian (RPS), Environmental Specialist (RPES), or Both (BOT)
- Registered Professional: Sanitarian-in-Training (SIT), Environmental Specialist-in-Training (EIT), or Both (BIT)

This list is being proposed to the Sanitarian and Environmental Specialist Registration Advisory Council for due consideration for registration on: May 18, 2021

Applicant Name	Application Type	Experience (RPS/RPES/BOT) 310:345-3-1(a)(1) (copies of experience letters attached)	Degree 310:345-3- 1(a)(2)	Exam Pass Date & Score 310:345-3-1(a)(3)	Fee 310:345-3- 1(a)(4)
Timothy Arr	RPS In training to Full	Environmental Health Officer Oklahoma City Area Indian Health Service Agency	B.S. Environmental Health & Safety	Missouri Reciprocal Registration	Paid
Shaneece Neal	RPS in Training	N/A	B.S. Nutrition, Dietetics & Food Mgmt.	62% Passed	Paid
Caycie Specht	RPS In training to Full	Pending verification of experience She needs 1 more year	B.S. Environmental Health Science	86% Passed	Paid
Timmy Stinnett	Both In training to Full	Public Health Specialist	B.S. Biology & Chemistry	81% Passed	Paid



PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health

Protective Health Services / Occupational Licensing Mail: PO Box 268815, Oklahoma City, OK 73126-8815 Physical: 1000 NE 10th St., Oklahoma City, OK 73117 Telephone: (405) 271-5243 / Fax: (405) 271-5286 Website: http://chs.health.ok.gov

PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST In-Training to Full Registration Application

Please select the reg	stration(s) you are applying for:						
Sanitarian (RPS							
<u>ALL IT</u> -TO-FULI	APPLICATIONS REQUIRE:						
	aining to Full Application Experience Verification Letter ¹						
Application Fee	(Payable to OSDH)						
	PLEASE PRINT CLEARLY OR TYPE:						
Applicant Name:	Timothy Arr						
Mailing Address:							
City:	State: OK Zip: 73538						
Registration No.:	Date of Birth: Social Security Number:						
Primary Phone:	Alternate Phone:						
Email Address:	Indian Health Comice						
Employer Name:	Indian Health Service						
Division/Title:	Office of Environmental Health & Engineering/Environmental Health Officer						
reciprocal applications for source, a letter from each so is required for full Sanitaria	verifying your experience in the field of public health or environmental protection and the time periods thereof MUST accompany all non- iall registration. The letter must state your specific job duties and include dates of employment. If your experience is from more than one wrce is required. A minimum of two (2) years of postgraduate, full-time experience in the field of public health or environmental protection in and/or Environmental Specialist.						
I HEREBY CERTIFY this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the register, and I may be disqualified from applying in the future for resistantian by the Commissioner of Health.							
Signature:	Timethy Une Date: 12/19/2020						
All completed applications, fees, and documentation are due a minimum of two (2) weeks prior to the desired Advisory Council meeting date. Meeting dates are available at http://old.health.ok.gov/.							
ī	[THIS SPACE FOR OSDH OFFICE USE ONLY]						
1	DATE APPLICATION RECEIVED:						
l 	DATE APPROVED/PROCESSED:						

Indian Health Service OEHE Field Office P.O. Box 67 Okmulgee, OK 74447 918-756-8571 Office 918-756-6611 Fax

November 12, 2020

To Whom It May Concern:

LTJG Timothy Arr has been employed full-time as an Environmental Health Officer with the Oklahoma City Area Indian Health Service agency, working at the Office of Environmental Health and Engineering in Lawton, Oklahoma since September 5, 2017 to present.

LTJG Arr is responsible for directing and managing a comprehensive environmental health program that is designed to elevate the health status of the American Indian/Alaska Native population the he serves. His duties include, but not limited to, the inspection and evaluation of Indian Health Service and tribal food service establishments, preparing and conducting environmental health related training activities, and recommending actions for individual and community insect and rodent control activities with individual and tribal representatives. LTJG Arr also provides institutional environmental health services through the inspection and evaluation of tribal Head Starts, Child Care Centers, Elderly Nutrition programs, and Indian Health Service and tribal healthcare facilities. He is involved in community injury prevention control activities with tribal and agency injury prevention personnel. LFJG also has experience in evaluating individual and community sewage, refuse disposal, and public water systems for adequacy, construction, and compliance. LTJG Arr may conduct epidemiological investigations of public health significance and prepares and submits technical reports and performs other duties as assigned.

Respectfully Submitted by:

David Hogner -S 2020.11.12 11:58:54 -06'00'

CDR David Hogner
U.S. Public Health Service
District Environmental Health Officer
Oklahoma City Area Indian Health Service | Okmulgee
PO Box 67
Okmulgee, OK 74447
(918)752-3174



Missouri Board of Certification for Environmental Health Professionals



March 10, 2021

Consumer Health Service Oklahoma State Department of Health 123 Robert S. Kerr Oklahoma City, Oklahoma 73102

Dear Justin Neidel,

This letter is to verify that Timothy Arr is a member in good standing with the Missouri Board of Certification for Environmental Health Professionals. His current membership is valid until 6/15/2021.

Please let me know if I can be of further assistance.

Thank you,

Lisa Brenneman

Date Issued:18-MAR-2021 OFFICIAL

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Part		Subj No. Title	cred Grade	Pts R
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Chary Dobson

Oklahoma State Department of Health	Receipt Number:
Oklahoma State Department of Health Accounting Services Customer Receipt	4461044
For Monies Received From Mr./Ms.	1/4/2021
In the Sum of Twenty Five dollars and no 100	\$ 25.00
For Services Provided For: Registered Sanitarian Fees 210HEX1 002155DL0A 50009 2585400	M. Mathew
210HEX1 002155DL0A 50009 2585400 Method of Payment: Money Order	Received By:

THIS RECEIPT DOES NOT CONSTITUTE A LICENSE WITHIN THE STATE OF OKLAHOMA



24 March 2021

Timothy Arr

RE: Sanitarian/Environmental Specialist Council Meeting

Dear Applicant,

The Sanitarian and Environmental Specialist Registration Advisory Council will meet at 10:00 am on Tuesday, April 13th, 2021.

Your application will be on the agenda for consideration at this meeting. You do not need to be present at the meeting.

Please contact us by email at chslicensing@health.ok.gov or by phone at (405) 426-8250 if you have any questions.

Justin Neidel Digitally signed by Justin Neidel Date: 2021.03.24 14:34:11 -05'00'

Consumer Health Service | Oklahoma State Department of Health 123 Robert S. Kerr, Oklahoma City, OK 73102 p. 405-426-8250 | f. 405-900-7557 oklahoma.gov | chs.health.ok.gov



PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health

Protective Health Services / Consumer Health Service Mail: PO Box 268815, Oklahoma City, OK 73126-8815 Physical: 1000 NE 10th St., Oklahoma City, OK 73117 Telephone: (405) 271-5243/ Fax: (405) 271-5286

Website: http://chs.health.ok.gov

PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST Full, In-Training, or Reciprocal Registration Application

Please select the regist	ration(s) yo	ou are applying for:		
Registration T	<u>ype</u>	Full Registration	In-Training Registration	n Reciprocal Registration
Sanitarian Only .		RPS -	RPSIT 🔀 \$1	0 RPS 🗌 \$25
Environmental Specialis	st Only	RPES [\$25	RPESIT 🗌 \$1	0 · RPES ☐ \$25
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APPLICATION REO Completed Applicat Affidavit of Lawful Official Final Transe Application Fee (Pay	ion Presence cript		Experience Verifica	LL/IN-TRAINING ONLY) ation Letter (FULL ONLY) ¹ uivalent Out-of-State PROCAL ONLY)
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SUBMIT OFFICIAL List courses to app	AL TRANSCRIPT OR CERTIFIED C ly to the 30-hour requirement (Qualify	OPY TO VERIFY THE Co	OURSES LISTED BELOW at http://chs.health.ok.gov/):
Course Number	Course Tit		Semester Hours Earned
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CHEM IIIZ	Gen Chem I recliab		a
CHEM 11823	General Chemistry II		3
CHEM 1232	Gen & (nem II recliab		<u> </u>
BIO 2314	Intro Microbio 4 lab		4
CHEM 3013	Organic even for life	Sciences	3
BIO 2604	HUWAN Physialogy 4 lab		4
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TOTAL HOURS:			314
source, a letter from each sour is required for full Sanitarian of I HEREBY CERT information given by investigation at any my name may be 1	rerifying your experience in the field of public health or ell registration. The letter must state your specific job durce is required. A minimum of two (2) years of postgraduland/or Environmental Specialist. IFY that this application contains noty me is true and complete to the best time disclose any such misrepresentate removed from the register, and I mommissioner of Health.	willful misrepresentation of my knowledge and belition or falsification, my are	or falsification and that the lef. I am aware that should onlication may be rejected
Signature: Move	•	· · · · ·	2 2621
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AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check only ONE of the following statements that apply) I am a United States citizen. I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States. Admission/Registration # Authorizing Document: (Attach a copy of the authorizing document.) I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand. Print Name: Sharece Neal City: Oklahama Cify Signature: Showlere real For RENEWAL license, permit or certificate, please write the number: ____ INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM: The person signing this form must read these instructions carefully.

- 1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should not be used but rather, either the form titled, "Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services" or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
- 2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "I am a citizen of the United States." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States."
- 3. If an approved alien, write the identification number in the "Admission/Registration #" field and write the name of the authorizing document in the "Authorizing Document" field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)
- 4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.
- 5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.

OFFICIAL

Page: 1

Record of: Shaneece Neal

Issued to:

Shaneece neal Parchment:27258944 Certified eTranscript Date Issued: 28-FEB-2020

Date of Birth: Student ID: SSN:

Level: Undergraduate

Course	Level: Undergraduate								
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AN OFFICIAL SIGNATURE IS WHITE WITH A BLUE BACKGROUND.

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Registrar

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The Blue Ribbon Symbol: The blue ribbon is your assurance that the digital certificate is valid, the document is authentic, and the contents of the transcript have not been altered.



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OFFICIAL

Page: 2

Record of: Shaneece Neal

Issued to:

Date Issued: 28-FEB-2020

Date of Birth: Student ID: SSN:

Level: Undergraduate

CRED	GRD	PTS R
L OKLAHOMA		
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Registrar



100 N. University Drive Edmond, OK 73034 FICE = 003152

Office of Enrollment Services 124 Nigh University Center (405) 974-2727 FAX (405) 974-3841

ACCREDITATION:

The University of Central Oklahoma is accredited by the Higher Learning Commission/North Central Association of Colleges and Schools as a bachelor's and master's degree granting institution,

NAME CHANGE HISTORY:

1939 Central State College 1890 Territorial Normal School 1904 Central State Normal School Central State University 1971 1919 Central State Teachers College 1990 University of Central Oklahoma

CALENDAR SYSTEM: Semester.

GRADING SYSTEM: 4 point scale (A = 4; B = 3; C = 2; D = 1; F = 0)

GRADES:

Excellent Pass *₿ = Good S Satisfactory = *C Ų Average Unsatisfactory

*D Below Average Х Thesis in Progress (Fall 92 & after) Non attendance (Prior to Fall 1992) = Failure Х 1 = Incomplete AUD = No grade or credit

WE Withdrew Failing (last used Fall 1983)

Withdrew Passing (Spring 1984 - Summer 1992 all withdrawals are W. whether passing or failing, Beginning Fall 1992, withdrawals failing are F)

ΑW = Administrative Withdrawal Missing Grade (not reported) Ν

= Did not attend when enrolled as auditor Αu

NG Repeated transfer courses removed from the transfer institution's original GPA calculations

INPROG = Course in progress in current semester

In Fall 1992, courses previously recorded as S & U (student teaching, workshops & advanced standing) on the transcript were changed to P & F respectively. O level (remedial) courses with a previous grade of T were changed to U (non punitive). S grades for 0 - level courses were left as S. Transcripts not computer printed were not updated.

CLASS TYPE CODES: (always appear to right of course grade)

1 = Correspondence Course P*2 = Extrainstitutional Credit P*3 = Extrainstitutional Exam P*4 = CLEP General P*5 = CLEP Subject

P*6 = Study Abroad, Effective Fall 2011

P*7 = Prior Learning Assessment

GRADE POINT AVERAGE TYPES:

Transfer

Institution - computed on UCO courses only, excludes repeats and forgiven courses.

computed on transfer graded courses, excludes repeated

and/or forgiven courses.

Retention computed on all courses, excludes repeated and/or for-

given courses

Cumulative computed on all courses

Forgiven Hours hours excluded - repeats or reprieves REPEATED & UCO ACADEMIC REPRIEVE COURSES: Repeated courses are marked with the following code:

E = Excluded, grade not included in overall GPA.

TRANSFER CREDIT: Transfer credit will be posted according to UCO grading and transfer practices and may not be identical to posting by the awarding institution.

REMEDIAL COURSES:

Fall 1988 to the Present

0 (zero) level courses are non credit or remedial and are not applicable toward a degree. Effective Summer 2011 UCO will offer 0-level courses.

GRADUATE COURSE NUMBERING SYSTEM:

Prior to Fall 1972

could be considered for graduate credit 300 - 499

500 & above graduate credit only

Since Fall 1972

5000 & above graduate credit only

Fall 1972 through Summer 1985

3000 - 4999 could be considered for graduate credit

Fall 1985 through Summer 1991

4000 - 4999 could be considered for graduate credit

Since Fall 1991

5000 & above graduate credit

The granting of graduate credit has been authorized since Fall 1951.

Graduate courses are not included on the undergraduate transcript unless course has been approved to be applied to undergraduate degree requirements.

HONORS:

Undergraduate:

A. Summa Cum Laude - GPA of 3.9 or higher

B. Magna Cum Laude - GPA of 3.80-3.89

C. Cum Laude - GPA of 3,70-3,79

To be eligible to graduate with honors, baccalaureate candidates must have at least 45 hours at the University of Central Oklahoma.

Graduate:

With Honors - GPA of 4.0 in all graduate work

From Fall 1988 through Summer 1991, no distinction is made between Regular, Extension and Correspondence course work on the transcript.

DUPLICATE COURSES: excluded from earned hours

A*D B*D

C*D

D*D

P*D

MAJOR/OPTION:

The term "major" corresponds to the Level IV classification of academic program offerings as defined by the Oklahoma State Regents for HigherEducation and may be equivalent to the term "option" used at other universities.

^{*} Included in grade point average calculation

Oklahoma State Department of Health	Receipt Number:
Oklahoma State Department of Health Accounting Services Customer Receipt	4474507
For Monies Received From Mr./Ms. SHANEECE-LEE NEAL	3/11/2021
In the Sum of Forty Dollars and 00/100	\$ 40.00
For Services Provided For: Registered Sanitarian Fees	M. Mathew
210HEX1 002155DL0A 50009 2585400 Method of Payment: Personal Check	Received By:

THIS RECEIPT DOES NOT CONSTITUTE A LICENSE WITHIN THE STATE OF OKLAHOMA



24 March 2021

Shaneece Neal

RE: Sanitarian & Environmental Specialist Exam Eligibility

Dear Applicant,

You are eligible to take the examination for a Sanitarian and Environmental Specialist registration.

To schedule your examination, click this link, or open your internet browser and visit http://www.okhcp.com and select "Sanitarian/Environmental Specialist" from the menu list on the left side. Under the "Test Centers' link, find your preferred testing center. Contact that testing center directly to schedule your examination. OSDH cannot schedule your exam.

On your scheduled test day, you must present two documents to the selected testing center:

- This original letter documenting eligibility to test, and
- A current driver's license or other photo identification issued by a U.S. government entity

NOTE: Testing will be refused if both documents are not presented.

The registration examination is administered online and scored immediately. Upon completion of testing, the testing center will issue you a copy of your results. You must submit a copy of these results to OSDH via mail, fax, or email at chalicensing@health.ok.gov before your registration can be issued.

Candidates who do not pass the exam on second or subsequent attempts must wait 90 days before becoming eligible to retake the exam. The fee for re-examination is \$30.00, and must be submitted with completed retest application to the Oklahoma State Department of Health. Upon receipt of this form and fee at OSDH, an updated exam approval letter will be sent to the applicant.

If you have any questions, please do not hesitate to contact our office.

Best Regards.

Justin Neidel Digitally signed by Justin Neidel Date: 2021.03.24 14:09:36-05'00'

Consumer Health Service | Oklahoma State Department of Health p. 405-426-8250 | f. 405-900-7557 Oklahoma.gov | chs.health.ok.gov

Date/time finished Sanitarian Environmental Specialist - 9903 Assessment name

Assessmen Percentage First Name Last Name Full SSN March 29, 2021 - 14:42 Passed

62% SHANEECE NEAL

Site Code MTTC84

Date on Letter Email Address shaneeceneal@yahoo.com



7 April 2021

Shaneece Neal

RE: Sanitarian/Environmental Specialist Council Meeting

Dear Applicant,

The Sanitarian and Environmental Specialist Registration Advisory Council will meet at 10:00 am on Tuesday, April 13, 2021.

Your application will be on the agenda for consideration at this meeting. You do not need to be present at the meeting.

Please contact us by email at chslicensing@health.ok.gov or by phone at (405) 426-8250 if you have any questions.

Consumer Health Service | Oklahoma State Department of Health 123 Robert S. Kerr, Oklahoma City, OK 73102

p. 405-426-8250 | f. 405-900-7557

oklahoma.gov | chs.health.ok.gov

Justin Neidel

Oklahoma State Department of Health Accounting Services	Receipt N	
Accounting Services Customer Receipt	4482	384
For Monies Received From Mr./Ms. CHICKASAW NATION HEAL	TH 4/1	14/2021
In the Sum of Twenty Five dollars and no/100	\$	25.00
For Services Provided For: Registered Sanitarian Fees 210HEX1 002155DL0A 50009 2585400 Method of Payment: Company Check	E. Krogsta	
Method of Payment: Company Check	Received B	y:

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perding me per per 4-30-2011
Experience entre 4-30-2011
4-28-2021
4-28-2021



PROTECTIVE HEALTH SERVICES

2142

Oklahoma State Department of Health Protective Health Services / Consumer Health Service Mail: PO Box 268815, Oklahoma City, OK 73126-8815 Physical: 1000 NE 10th St., Oklahoma City, OK 73117 Telephone: (405) 271-5243/ Fax: (405) 271-5286

Website: http://chs.health.ok.gov

PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST Full, In-Training, or Reciprocal Registration Application

Please select the registration(s) you are applying for:				
Registrat	ion Type	Full Registration	In-Training Registration	Reciprocal Registration
Sanitarian Only		RPS 🔳 \$25	RPSIT [] \$10	RPS [] \$25
Environmental Sp	ecialist Only	RPES [] \$25	RPESIT [] \$10	RPES 🔲 \$25
Both		RPS/RPES [] \$50	RPSIT/RPESIT [] \$20	RPS/RPES S50
APPLICATION REQUIREMENTS: Completed Application Affidavit of Lawful Presence Official Final Transcript Application Fee (Payable to OSDH) Sam Fee (FULL/IN-TRAINING ON Experience Verification Letter (FULL ONI Copy of Current Equivalent Out-of-State Registration (RECIPROCAL ONLY)			/IN-TRAINING ONLY) on Letter (FULL ONLY) ¹ alent Out-of-State	
PLEASE PRINT CLEARLY OR TYPE: Applicant Name: Caycie Specht				
Mailing Address: City: Date of Birth: Primary Phone: Email Address: Employer Name: Division/Title:	The Chickasa	@chickasaw.net w Nation Departmen onmental Health/Sal	Social Security Number: Alternate Phone: t of Health	Zip: 74820
EDUCATION HISTORY				
College/Univer	sity	Major/Minor	Years Attended	Degree Earned

Course Number	Course Title	Semester Hours Earne
	2142	
OTAL HOURS:		<u>U</u>
ciprocai applications for full registration. Ti	perience in the field of public health or environmental protection he letter must state your specific pib duties and include dates of familiaum of two (2) years of posigraduate, full-time experience ental Specialist	of constances of value evenerance is from more than an
nformation given by me is true avestigation at any time disclo	is application contains no willful misreprese and complete to the best of my knowled, use any such misrepresentation or falsification the register, and I may be disqualifier of Health.	ge and belief. I am aware that should tion, my application may be rejected.
ignature: Caycie Specht	Digitally signed by Caycie Specht Date: 2021.03.30 15:32:56 -05'00'	Date: 3/30/2021
ll completed applications, fee. dvisory Council meeting date.	s, and documentation are due a minimum Meeting dates are available at <u>http://chs</u> .	of <u>two (2) weeks prior</u> to the desired health.ok.gov/,
A ANTICE STORMS CONTACT SCORES SECURE SECURE SCORES SECURE SECURE	[THIS SPACE FOR OSDH OFFICE USE ON	is some across entered some some some some some some some some
	PPLICATION RECEIVED:EE RECEIVED/AMOUNT;	

Talina Walkup

Mobile:

Email: Talina.Walkup@chickasaw.net

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At the request of Caycie Specht, I am delighted to write this letter of recommendation in support of her pursuit of a graduate degree. I have supervised Caycie Specht for the past year now as a Sanitarian with the Chickasaw Nation Office of Environmental Health and Engineering. Caycie is responsible for performing routine, follow-up, and complaint based inspections in tribally owned facilities located within our 13 county jurisdiction as well as conducting bed bug, mold, and dog bite investigations referred to our office. In addition to her regularly assigned duties she has assisted with the Chickasaw Nation Department of Health during its COVID-19 response.

In her role, Ms. Specht has demonstrated the knowledge and skills necessary to assess and solve complex public health issues while in the field. Caycie has always proved to be proactive in her work and has been successful in her efforts to develop rapport with our various retail establishment operators. Ms. Specht is also a hard-working individual who completes her duties quickly and efficiently. I have been consistently impressed with both the volume and quality of work Caycie performs.

During her employment she has developed excellent communication skills and possesses the qualities of a leader. Her determination and resourcefulness combined with her current work experience will contribute to her success with graduate studies. I believe that she will be an asset to your program and hope that you seriously consider her application for admission.

Sincerely,

Talina Walkup

Oklahoma State Department of Health	Receipt Number:
Oklahoma State Department of Health Accounting Services Customer Receipt	4486163
For Monies Received From Mr./Ms. TIMMY STINNETT	4/28/2021
In the Sum of Fifty Dollars and 00/100	\$50.00
For Services Provided For: Registered Sanitarian Fees	E. Krogstad
210HEX1 002155DL0A 50009 2585400 Method of Payment: Personal Check	Received By:
Method of Payment: Personal Check	Received by.

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both 2100



PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health

Protective Health Services / Occupational Licensing Mail: PO Box 268815, Oklahoma City, OK 73126-8815 Physical: 1000 NE 10th St., Oklahoma City, OK 73117 Telephone: (405) 271-5243 / Fax: (405) 271-5286

Website: http://chs.health.ok.gov

PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST In-Training to Full Registration Application

Please select the registration(s) you are applying for:				
	ental Specialist (RPES): \$25			
ALL IT-TO-FULL APPLICATIONS REQUIRE: Completed In-Training to Full Application Application Fee (Payable to OSDH) Experience Verification Letter ¹				
	UNT CLEARLY OR TYPE:			
City: Registration No.: Primary Phone: Email Address: Employer Name: Division/Title: Z100 Date of Birth TimmyS@health.ok.g Oklahoma State Department of the properties o	artment of Health			
A letter from your employer verifying your experience in the field of public health or environmental protection and the time periods thereof MUST accompany all non-reciprocal applications for full registration. The letter must state your specific job duties and include dates of employment. If your experience is from more than one source, a letter from each source is required. A minimum of two (2) years of postgraduate, full-time experience in the field of public health or environmental protection is required for full Sanitarian and/or Environmental Specialist. I HEREBY CERTIFY this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the register, and I may be disqualified from applying in the future for registration by the Commissioner of Health. Signature: Date: Date:				
All completed applications, fees, and documentation are due a minimum of two (2) weeks prior to the desired Advisory Council meeting date. Meeting dates are available at http://old.health.ok.gov/.				
[THIS SPACE FOR OSDH OFFICE USE ONLY]				
DATE APPLICATION RECEIVED: DATE FEE RECEIVED/AMOUNT: DATE APPROVED/PROCESSED:				

Sanitarian/ Environmental Specialist Advisory Council:

This letter is to verify the qualifications and experience for Tim Stinnett with the Oklahoma State Department of Health. Tim has been employed with the department since January 22nd, 2019.

During his time with the agency Tim has been responsible for performing a wide variety of environmental services in his assigned area and in vacant areas. His responsibilities include: Food establishment inspections, Plan reviews, lodging inspections, public bathing facility inspections, Childcare facility inspections and temporary food service inspections.

Tim investigates potential rabies exposures and nuisance complaints. Tim is also very active in the current OSDH COVID-19 response serving various roles including Incident Commander for the Bryan County response.

Tim performs his duties well and maintains a high standard of professionalism. Tim has a positive attitude, takes pride in his job and is well liked by his co-workers: Tim is an asset to this agency.

If you have any questions, feel free to contact me.

Sincerely,

Paul Gilbert RS

SE Quadrant Supervisor

Oklahoma State Department of Health

1080 S. Byrd Street

Tishomingo, OK 73460

(580)371-2470

paulg@health.ok.gov