



OKLAHOMA
State Department
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Consumer Health Service / Consumer Health Service
Mail: PO Box 268815, Oklahoma City, OK 73126-8815
Physical: 123 Robert S Kerr Ave, Oklahoma City, OK 73102
Telephone: (405) 426-8250/ Fax: (405) 900-7557
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:

<u>Registration Type</u>	<u>Full Registration</u>	<u>In-Training Registration</u>	<u>Reciprocal Registration</u>
Sanitarian Only	RPS <input type="checkbox"/> \$25	RPSIT <input type="checkbox"/> \$10	RPS <input type="checkbox"/> \$25
Environmental Specialist Only	RPES <input type="checkbox"/> \$25	RPESIT <input type="checkbox"/> \$10	RPES <input type="checkbox"/> \$25
Both	RPS/RPES <input type="checkbox"/> \$50	RPSIT/RPESIT <input type="checkbox"/> \$20	RPS/RPES <input type="checkbox"/> \$50

APPLICATION REQUIREMENTS:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> \$30 Exam Fee (FULL/IN-TRAINING ONLY) |
| <input type="checkbox"/> Affidavit of Lawful Presence | <input type="checkbox"/> Experience Verification Letter (FULL ONLY) ¹ |
| <input type="checkbox"/> Official Final Transcript | <input type="checkbox"/> Copy of Current Equivalent Out-of-State
Registration (RECIPROCAL ONLY) |
| <input type="checkbox"/> Application Fee (Payable to OSDH) | |

PLEASE PRINT CLEARLY OR TYPE:

Applicant Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Social Security Number: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____
Employer Name: _____
Division/Title: _____

EDUCATION HISTORY

<u>College/University</u>	<u>Major/Minor</u>	<u>Years Attended</u>	<u>Degree Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBMIT OFFICIAL TRANSCRIPT OR CERTIFIED COPY TO VERIFY THE COURSES LISTED BELOW

List courses to apply to the 30-hour requirement (Qualifying courses can be found at <http://chs.health.ok.gov/>):

Course Number	Course Title	Semester Hours Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS: _____ 0

¹A 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 that 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 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:** _____

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://chs.health.ok.gov/>.

[THIS SPACE FOR OSDH OFFICE USE ONLY]

DATE APPLICATION RECEIVED: _____

DATE FEE RECEIVED/AMOUNT: _____

DATE APPROVED/PROCESSED: _____

REGISTRATION NO. ASSIGNED: _____