



OKLAHOMA State Department of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Consumer Health Service / Occupational Licensing
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PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST Reinstatement of Registration Application

This form is ONLY for Full registrants expired past March 1 (of year following expiration) renewal deadline.

Please select the registration(s) you wish to reinstate:

- Sanitarian (RPS)
 Environmental Specialist (RPES)
 Both RPS/RPES

ALL REINSTATEMENT APPLICATIONS REQUIRE:

- Proof of Passing Exam Score on File¹
 Application Fee (Payable to OSDH)
- Completed Reinstatement Application
 Proof of 14 CEU Hours in the Past Two (2) Years

¹A former registrant whose certificate was issued without examination shall NOT be eligible for reinstatement, but may be issued a new registration upon passing the sanitarian examination.

FEE CALCULATOR:

# of years late	x	\$25 Registration + \$10 late fee	+	Reinstatement fee	=	Total fee due
		\$35		\$10		\$

If applying for BOTH registrations, DOUBLE the above amount.

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: _____
 Registration No.: _____ Date Registration Expired: _____

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:** _____

[THIS SPACE FOR OSDH OFFICE USE ONLY]

DATE APPLICATION RECEIVED: _____
 DATE FEE RECEIVED/AMOUNT: _____
 DATE APPROVED/PROCESSED: _____
 REGISTRATION NO. ASSIGNED: _____