



REGISTERED SANITARIAN EXAMINING COMMITTEE
Application for Registration
As a Registered Sanitarian
As provided by
KRS Chapter 223

Date: _____

INSTRUCTIONS

Type or print in ink
 Attach official college transcript and a copy of your diploma
 Include a \$30.00 fee
 If space is inadequate for any answer, use extra sheet of paper and number items to correspond with items listed.

NOT FOR USE BY APPLICANT

Date: _____

Approved: _____ Disapproved: _____

 Secretary, Examining Committee

 Chairman, Examining Committee

Registered now in State of _____ No. _____

Date of Registration: _____ Renewal Date: _____

If not registered in any state, check here Email Address: _____

Name: _____

Date of Birth: _____ Social Security # _____

Home Address: _____

Home County of Residence: _____

Business Address: _____

Send mail to: Business
 Home

Business: Phone: _____

Home Phone: _____

Cell Phone: _____

Academic degrees attained: (Include institution, location, major, minor, years of full-time attendance, degree and year)

Additional education and training in environmental health. (Do not list courses of less than two weeks duration)

Institution or Agency	Title of Course	Dates: From	To

Membership in professional organizations and honorary societies (past & present) Type of membership: Honorary, Fellow, Member, Associate Member, Student Member, Other (Specify)

Name or Organization	Year Joined	Type of Membership	Type of Membership

Offices held and dates:

Present Employer: _____

Address of Employment: _____

Date Assigned to Position: _____

Name and Title of Supervisor: _____

Exact Title of Present Position: _____

Description of Duties: Include major responsibilities and specific activities and indicate percent of time in environmental health. (Do not use official job description)

Show promotions and advancement within present employment:

Previous Employment. (Start with most recent position and work back). Emphasize those portions of work that are in specialty areas of environment health or closely related. Attach additional sheets if necessary. Include major responsibility and specific fields and indicate percent of time in environmental health work.

Name of Employer	Address of Employment	Dates of Employment (From and To)	Position Title	Description of work

Categories of competency: (Identify the categories in the list below in which you have had special training and/or experience).

Environmental Health (general)		Milk and Food Sanitation	
Vector and Solid Waste Control		Radiological Health	
Air Pollution Control		Industrial Hygiene	
Institutional Sanitation		Water Supply and Waste Disposal	
Housing Hygiene		Environmental Health Administration	
Other			

Special Achievements:

Medals, citations, scholarships, or other awards	Committee activities	Journal publications and books	Research or special studies

Professional references: List 3 persons other than your supervisor with whom you have had professional association and who are qualified to evaluate your environmental health competence.

Name	Title	Address

FEES: All applicants are required to remit to the Kentucky Registered Sanitarian Examining Committee a \$30 filing fee at the time the application is submitted. This fee also includes the first year's registration fee. Make check, money order, or draft payable to the Kentucky State Treasurer. Mail application, college transcript and fee to:

Guy F. Delius, Secretary
Registered Sanitarian Examining Committee
Division of Public Health Protection and Safety
275 East Main Street, HS1EB
Frankfort, KY 40621
Attn: Beverley Joy Watkins

I certify that the statements above, including any attachments I have submitted hereto, are to the best of my knowledge accurate, and I understand that any falsification of information in this application will be cause for rejection of the application or withdrawal of registration already made.

(Date)

(Signature of Applicant)