# STATE OF CONNECTICUT
# DEPARTMENT OF PUBLIC HEALTH
## Registered Sanitarian License Application

### General Policies and Procedures

IMPORTANT: THE DEPARTMENT **WILL NOT** REVIEW HAND-DELIVERED APPLICATIONS AT THE TIME OF RECEIPT. PROFESSIONAL STAFF SHALL EVALUATE EACH APPLICATION IN THE ORDER IT IS RECEIVED. THE EPLU STAFF IS NOT AVAILABLE FOR UNSCHEDULED "WALK-IN" MEETINGS. FOR QUESTIONS, PLEASE EMAIL dph.ehlicensing@ct.gov

1. Fees

   The fee for an initial license covers the cost of eligibility determination and related administrative functions. The licensure renewal fee is separate and distinct from the application fee. Licenses are renewed annually during the licensee's month of birth. Renewal is in the **first** birth month immediately following the issuance of licensure. The full renewal fee will be required regardless of the date of initial licensure.

   No personal checks are accepted. Please remit the application fee, by CERTIFIED CHECK or MONEY ORDER ONLY, payable to, "TREASURER, STATE OF CONNECTICUT" in United States dollars. The application fee is non-refundable and non-transferable. It covers the cost of reviewing and processing the specific application. **Application fees cannot be refunded, even if the applicant is found ineligible.** Incomplete applications shall remain on file for one year, after which they will be destroyed in accordance with the agency's record retention schedule.

2. Status Checks

   It is the responsibility of the applicant to arrange for the submission of all required documentation for timely completion of the application. **The Department shall notify the applicants of incomplete documentation.** Applicants can check the status of their application and submission of supporting documentation at: https://www.elicense.ct.gov/ or email: dph.ehlicensing@ct.gov

3. License Issuance

   After all documents have been received, the professional staff will evaluate each application in the order it was received. Once the applicant has successfully passed the exam, the licensee shall receive written verification of the license number and the effective date. The three part licensing documents shall be sent to the licensee's address of record within 4-6 weeks after approval.

4. Requirements

   License requirements are subject to change due to new legislation, regulations, or policies adopted by the Department. Applicants shall meet current licensing requirements.

5. Examinations

   Licensing examination questions are not included in the Freedom of Information Act as documents available for review. Whenever possible, the Department shall provide feedback regarding examination performance.

6. Social Security Numbers

   The Privacy Act of 1974 requires any federal, state or local government agency to inform persons of the disclosure requirements for social security numbers. In accordance with Connecticut General Statutes, Section 17b-137a(A)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and child support. The Department shall only disclose social security numbers to government entities. The Department shall not release social security numbers to the general public.

*(over, please)*

# Registered Sanitarian Requirements

1. Sealed transcript from an accredited institution of higher education verifying a bachelor's degree;
2. Verification of two years full-time experience or the equivalent in environmental health (FORM A);
   - Environmental Health is the study, art and technique of applying scientific knowledge for the improvement of human health and the environment.
   - An applicant who successfully completes the Environmental Health Training Course sponsored by the Connecticut Department of Public Health and Southern Connecticut State University may substitute such course for six months of the required experience; *and*
3. Official verification of passing score on Professional Examination Service (PES) or National Environmental Health Association (NEHA) Registration of Sanitarians/Environmental Health Proficiency Examination. DPH administers the PES exam June and December yearly. (Exam Schedule) The cost of the PES exam is $90.00, payable to PES. Please bring this check at the time of the exam.

4. Reinstatement Applications: Please affirm by signing page 4 of the application, in the presence of a notary, that you have not worked in CT in the discipline for which you are applying during the time after your credential was expired. If your licensed has lapsed for at least 10 years, you are required to take the NEHA or PES Registered Sanitarian exam.

# STATE OF CONNECTICUT
# DEPARTMENT OF PUBLIC HEALTH
## Registered Sanitarian License Application

**CHECK ONE:** ☐ INITIAL APPLICATION ☐ APPLICATION FOR REINSTATEMENT

**APPLICATION FEE: $80.00** CT License No:_____

First Name: _____ Last Name: _____ MI:____ Maiden Name: _____

Date of birth: _____/_____/_____ (*mm* / *dd* / *yyyy*) Social Security No.: _____-_____-_____ Gender: _____

**Name and Mailing Address**: *How your name and address will appear on your official license, your address of record for all mailings, and releasable information pursuant to Freedom of Information requests.*

Name on License: _____

Address: _____

City, State, Zip: _____

Daytime phone number: _____ E-mail: _____

**RACE/ETHNIC DATA:** *(This section is voluntary. Information gathered will be used solely for demographic purposes. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)*

☐ AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

☐ BLACK: Persons having origins in any of the black racial groups of Africa.

☐ HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

☐ WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**EDUCATION:** *Please arrange for a sealed transcript sent from the educational institution to this office.*

Institution: _____

Address: _____
*No. & Street* *City* *State* *Zip Code* *Country*

Date Graduated: _____ Degree: _____

**TRAINING:**

If you have completed the Environmental Health Training Course sponsored by the Connecticut Department of Public Health and Southern Connecticut State University, indicate below. Please attach a copy of the certificate, transcript showing passing grade, or letter indicating passing score.

Course Dates: _____

**EXAM:**

Have you completed the National Environmental Health Association (NEHA) or Professional Examination Service (PES) Registration of Sanitarians/Environmental Health Proficiency Exam? ☐ YES ☐ NO

PES Exam Date: _____ NEHA Exam Date: _____

Please check the month you plan to attend the Registered Sanitarian/Environmental Health Proficiency Examination. For exam dates and deadlines, visit the Department's website: http://www.ct.gov/dph/ehlicenses, or call (860) 509-7559.

☐ JUNE ☐ DECEMBER

During the exam, do you require accommodations for any disability? ☐ YES ☐ NO

If YES**,** attach a written statement to this application briefly describing the nature of the disability and the accommodation you are seeking. The Department shall contact you for appropriate documentation.

**EXPERIENCE:**

Using (FORM #2), please provide verification of two years full-time experience or the equivalent in environmental health

**CREDENTIALS IN OTHER STATES/TRIBES**: *List all states (other than Connecticut) and tribes where you have or have had a Registered Sanitarian credential.*

| STATE/TRIBE | CREDENTIAL | NUMBER | EXPIRATION DATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## STATEMENT OF PROFESSIONAL HISTORY:

A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work? ☐ **YES** ☐ **NO**

B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? ☐ **YES** ☐ **NO**

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you? ☐ **YES** ☐ **NO**

D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? ☐ **YES** ☐ **NO**

E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? ☐ **YES** ☐ **NO**

***If you answer "yes" to Questions A-E, please provide all related records including proof of settlement of fine, on a separate, NOTARIZED statement.***

F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? ☐ **YES** ☐ **NO**

***If "yes" to Question F, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.***

G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? ☐ **YES** ☐ **NO**

***If "yes" to Question G, give full details including, but not limited to, names and dates on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case (including conditions of release), and if you are currently on parole or probation, a statement from the officer that you are compliant with the conditions of release.***

**PHOTOGRAPH:**

*Affix (glue or tape) a recent passport type photo here.*

**NOTARIZATION:**

On this _____ day of _____ in the year 20___,

_____ personally appeared before me, who being
*Applicant's name*

duly sworn says that she/he is the person referred to in the foregoing application that and the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

_____
*Applicant's Signature*

Sworn to before me this _____ day of _____ in the year 20_____.

_____ _____
*Notary Public's Signature* *Commission Expiration*

**REINSTATEMENT APPLICATIONS ONLY:**
I certify that since my State Certification expired, I have not worked in Connecticut in the discipline for which I am applying for reinstatement with this application.

_____
*Signature of Applicant*

Application fee: **$80.00** payable to, **"TREASURER, STATE OF CONNECTICUT"** (*certified check or money order)*

Mail Application to:

**DEPARTMENT OF PUBLIC HEALTH**
**ENVIRONMENTAL LICENSING**
**410 CAPITOL AVENUE, MS# 12MQA**
**P.O. BOX 340308**
**HARTFORD, CT 06134-0308**

Address for transcript and any supporting Documentation not included with application:

**DEPARTMENT OF PUBLIC HEALTH**
**ENVIRONMENTAL LICENSING**
**410 CAPITOL AVENUE, MS# 51 EPL**
**P.O. BOX 340308**
**HARTFORD, CT 06134-0308**