

STATE OF KANSAS

JOINT COMMITTEE FOR THE CREDENTIALING OF SANITARIANS

APPLICATION FOR REGISTRATION

I, \_\_\_\_\_
(Last name, First name, Middle initial)

hereby make application for certification as a sanitarian,

By Examination \_\_\_\_\_
By Reciprocity \_\_\_\_\_

under the guidelines as set forth by the Joint Committee for the Credentialing of Sanitarians, I submit the following statements as evidence of my qualification and request the opportunity to complete any examinations as may be required.

Application Received: \_\_\_\_\_
Registration Fee: \$ \_\_\_\_\_
Examination Score: \_\_\_\_\_
Application Approved/Disapproved
\_\_\_\_\_, Chairman
\_\_\_\_\_, Vice Chairman
Notice to Applicant: \_\_\_\_\_
Certificate Issued: \_\_\_\_\_

1. Name \_\_\_\_\_
(As you wish it to appear on certificate)
2. Address \_\_\_\_\_
(Street and Number)
City State Zip Code

3. Date of Birth \_\_\_\_\_
Month Day Year Telephone

4. I am registered (or licensed) as a Sanitarian in \_\_\_\_\_
Date of registration \_\_\_\_\_ Certificate No. \_\_\_\_\_

Did you take an examination? \_\_\_\_\_

Was it oral \_\_\_\_\_, or written \_\_\_\_\_?

The address of the agency which gave the examination and which can confirm information as to the nature of the examination including test scores and date of examination:

\_\_\_\_\_
I am also registered in \_\_\_\_\_

I am registered with the National Environmental Health Association. Yes \_\_\_\_\_ No \_\_\_\_\_

5. Please submit registration fee of \$ \_\_\_\_\_ with application when notified.

COLLEGE, UNIVERSITY, BUSINESS, TECHNICAL, CORRESPONDENCE SCHOOL

NAME OF SCHOOL

DATES ATTENDED

DEGREE

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**Attach copy of college transcript to this application**

Employment History  
(Begin with present or last employment)

Employer	Date: From	To
<hr/>		
Address	Duties Performed	
<hr/>		
Position Title	Reason for Leaving	

Employer	Date: From	To
<hr/>		
Address	Duties Performed	
<hr/>		
Position Title	Reason for Leaving	

Employer	Date: From	To
<hr/>		
Address	Duties Performed	
<hr/>		
Position Title	Reason for Leaving	

Employer	Date: From	To
<hr/>		
Address	Duties Performed	
<hr/>		
Position Title	Reason for Leaving	

May we contact your present employers? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that all information made on, or in connection with this application is true and complete to the best of my knowledge and I have not knowingly withheld any fact or circumstance.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature