TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

SANITARIAN IN TRAINING REGISTRATION APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

1. NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Provide your birth date.
4. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the ***Texas Attorney General***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
5. EMAIL ADDRESS – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. PERSONAL PHONE NUMBER – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. EMPLOYMENT INFORMATION – Enter the information of your place of employment; address, phone number, fax number, your job title, the date you started work and place a check in the box for the category which you spend most of your time.
9. EDUCATION – Submit an official transcript from your college, university, and/or graduate record which verifies that degree and science requirements have been met. (Transcript(s) must be original). List additional universities on a separate sheet if necessary. **You must document 30 hours of coursework in basic or applied sciences on pages 2-5 of this packet. If you are applying for an Upgrade, you do NOT have to document your 30 hours or resubmit your transcripts.**
10. EDUCATIONAL REQUIREMENTS FOR EXAMINATIONS AND REGISTRATION - In the space provided below, please document the 30-semester hour (or its equivalent) coursework minimum requirement in basic or applied sciences that you completed at an accredited college or university. You are only required to complete a minimum of 30 hours in any of the following acceptable courses. *Your application must include official transcripts verifying completion of courses.* Dropped courses are not acceptable.
11. EMPLOYMENT RECORD – If the experience obtained is applicable, begin with your present position and work back to your first position.
12. LICENSING REQUIREMENTS – Once your application has been approved, you will be eligible to take the examination. The exam provider will contact you on how to schedule your examination. The candidate information bulletin (CIB) will provide further details. The link for the CIB information can be found on the Sanitarian webpage**.**
13. PRIOR REGISTRATION AS A SANITARIAN – If you have previously held a sanitarian registration, list the registration number, state or licensing jurisdiction, and your name, if different than in item 1. If you are currently certified by the National Environmental Health Association (NEHA) as a Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS), please attach proof of your certification.

14. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a ***Disciplinary Action Questionnaire (PDF)*** for each disciplinary action.

15. CRIMINAL HISTORY – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a ***Criminal History Questionnaire (PDF)*** for each offense.
    If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a ***Criminal History Evaluation Letter (PDF)***, a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a $25 fee.

16. STATEMENT OF APPLICANT - Carefully read the statement before signing and dating your application.

CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED:

- ☐ an official transcript with conferred bachelor's degree from an accredited college or university that includes at least thirty (30) semester hours or its equivalent in a basic or applied science;
- ☐ a copy of your certificate, if you are certified by the National Environmental Health Association (NEHA) as a Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS);
- ☐ a completed department-approved application; and
- ☐ the required application fee.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the ***Military Service Member, Military Veteran or Military Spouse Supplemental Application (PDF)*** and attach it with your license application.
If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses, please go to the ***TDLR Military Information web page***.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.
For additional information and questions, visit the ***TDLR website*** or reach Customer Service via ***TDLR webform***. The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800)
735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:
This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the ***TDLR Public Information Act Policy***.

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SANITARIAN IN TRAINING REGISTRATION APPLICATION

INITIAL APPLICATION FEE: $120.00 (FEE IS NON-REFUNDABLE)

The completed forms must be accompanied by all required documents and the application fee.

1. Name:

Last Name _____ First Name _____ Middle Name _____ Suffix _____

2. Gender: ☐ Male ☐ Female

3. Date of Birth: _____ MM/DD/YYYY

4. Social Security Number: _____ See Instruction Sheet for Disclosure Information

5. Email Address: _____ Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information

6. Personal Phone Number: _____ (Area Code) Phone Number

7. Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number) _____ City _____ State _____ Zip Code _____

8. EMPLOYMENT INFORMATION

Employer Name: _____

Employer Mailing Address: _____
(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

Employer Phone No. (include area code) _____

Job Title: _____ Date of Employment From: _____ Mo./Yr. To: _____ Mo./Yr.

9. EDUCATION

Submit an official transcript from your college, university, and/or graduate record which verifies that degree and science requirements have been met. (Transcript(s) must be original). List additional universities on a separate sheet if necessary. **You must document 30 hours of coursework in basic or applied sciences on pages 2-5 of this packet.**

College/University: _____

Location: _____
(Number, Street Name, City, State, Zip)

Science Hrs. Completed: _____ Did you graduate? _____ Conferred Degrees/Yr.: _____

Major: _____

EDUCATION (cont.)

College/University: _____

Location: _____
(Number, Street Name, City, State, Zip)

Science Hrs. Completed: _____ Did you graduate? _____ Conferred Degrees/Yr.: _____

Major: _____

College/University: _____

Location: _____
(Number, Street Name, City, State, Zip)

Science Hrs. Completed: _____ Did you graduate? _____ Conferred Degrees/Yr.: _____

Major: _____

College/University: _____

Location: _____
(Number, Street Name, City, State, Zip)

Science Hrs. Completed: _____ Did you graduate? _____ Conferred Degrees/Yr.: _____

Major: _____

10. EDUCATIONAL REQUIREMENTS FOR EXAMINATIONS AND REGISTRATION

In the space provided below, please document the 30-semester hour (or its equivalent) coursework minimum requirement in basic or applied sciences that you completed at an accredited college or university. You are only required to complete a minimum of 30 hours in any of the following acceptable courses. *Your application must include official transcripts verifying completion of courses.* Dropped courses are not acceptable.

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
Air Pollution				
Anatomy				
Animal Science				
Bacteriology				
Biochemistry				
Biology				
Biomedical Science				
Biophysics (no more than 6 semester hours or its equivalent)				

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
Biostatistics				
Botany				
Cell Physiology				
Chemical Engineering				
Chemistry				
Community Health				
Computer Science (no more than 6 semester hours or its equivalent)				
Dairy Science				
Ecology				
Embryology (no more than 6 semester hours or its equivalent)				
Entomology				
Environmental Health				
Environmental Science				
Environmental Diseases				
Environmental Law				
Epidemiology				
Food Bacteriology				
Food Science				
Food Technology				
Genetics				
Geophysics				
Geology				
Hazardous Waste				
Histology				
Hydrogeology				
Hydrology				
Industrial Hygiene				
Infectious Diseases				
Limnology				

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
Mathematics (beyond algebra- no more than 6 semester hours or its equivalent)				
Courses taken in an accredited allopathic or osteopathic school of medicine (no more than six semester hours or its equivalent)				
Meteorology (no more than 6 semester hours or its equivalent)				
Microbiology				
Molecular Biology				
Occupational Health				
Occupational Safety				
Parasitology				
Pathology				
Physics (no more than 6 semester hours or its equivalent)				
Physiology				
Plant Taxonomy				
Public Health				
Public Health Education (no more than 6 semester hours or its equivalent)				
Public Health Law				
Radiological Health				
Sanitary Engineering				

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
Soil Science				
Statistics (no more than 6 semester hours or its equivalent)				
Toxicology				
Vector Control				
Veterinary Medical Courses (no more than 6 semester hours or its equivalent)				
Veterinary Public Health				
Virology				
Wastewater Treatment				
Water Quality				
Zoology				

Courses not listed above may be submitted for consideration for acceptance by the department. Please list those courses in the space provided below. Courses considered not acceptable are anthropology; archaeology; astronomy; education; geography; government; history; kinesiology; languages; physical education; psychology; and sociology.

11. EMPLOYMENT RECORD (**only** if applicable experience has been obtained)

Name: _____

Address: _____
(Number, Street Name, City, State, Zip)

Phone Number: _____

Name: _____

Address: _____
(Number, Street Name, City, State, Zip)

Phone Number: _____

Name: _____

Address: _____
(Number, Street Name, City, State, Zip)

Phone Number: _____

Name: _____

Address: _____
(Number, Street Name, City, State, Zip)

Phone Number: _____

Note: Attach a detailed summary of experience (Including Employment Dates) and a job description on a separate sheet of paper.

12. Licensing Requirements:

Once your application has been approved, you will be eligible to take the examination. The exam provider will contact you on how to schedule your examination. The candidate information bulletin (CIB) will provide further details. The link for the CIB information can be found on the Sanitarian webpage.

13. Prior registration as a sanitarian

_____ _____ _____
Last Name First Name Middle Name

Are you registered (or licensed) as a sanitarian in any other state or country? ☐ Yes ☐ No

State or Licensing Jurisdiction: _____

Certificate/License Number: _____ Date of Registration: _____

Are you currently certified by NEHA as an REHS/RS? ☐ Yes ☐ No
If Yes, attach proof.

14. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state? ☐ Yes ☐ No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

This does not include your driver's license

15. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? ☐ Yes ☐ No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

16. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Sanitarians Act, Texas Occupations Code, Chapters 1953 and 51, and 16 Texas Administrative Code, Chapter 119. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

_____ _____
Signature of Applicant Date