TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SANITARIAN EDUCATION FORM

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. DATE OF BIRTH – Provide your birth date.
3. 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***.
4. 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.
5. 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.
6. 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.**
7. 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.
8. STATEMENT OF APPLICANT - Carefully read the statement before signing and dating your application.

CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED:

1. 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;
2. 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); and
3. a completed department-approved form.

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.

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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This form must be completed and accompanied by all required documents.

1. Name:

Last Name | First Name | Middle Name | Suffix

2. Date of Birth: MM/DD/YYYY

3. Social Security Number: See Instruction Sheet for Disclosure Information

4. Email Address: Ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

5. Phone Number: (Area Code) Phone Number

6. 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.: _____

College/University: _____

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

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

College/University: _____

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

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

College/University: _____

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

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

7. 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)				
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				

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
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				
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)				

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
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				
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)				

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
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.

8. 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