



STATE OF ARKANSAS
 STATE BOARD OF
 REGISTERED PROFESSIONAL SANITARIANS
 4815 W. MARKHAM
 LITTLE ROCK, ARKANSAS 72205



STATE BOARD OF REGISTERED PROFESSIONAL SANITARIANS
 APPLICATION FOR REGISTRATION

PERSONAL

Name: _____

Last

First

Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone : _____ (Work) _____ (Home) _____

(Other): _____ (email) _____

United States Citizen: _____ Yes _____ No

Have you ever been convicted of a felony: _____ No _____ Yes (If yes, explain in detail): _____

Note: **Application** must be **on file thirty (30) days prior** to regularly scheduled meetings which are the fourth Friday in January, April, July and October.

EDUCATION

Official College transcript must be furnished and attached to application. Minimum requirement of B.S. or M.S. in public health with specialization in sanitary sciences from an approved school of public health or college graduate in one of **the natural sciences** (biology, chemistry, physics, math, earth and/or geology) or engineering, with a minimum of **30 semester hours** or its equivalent of the above subjects.

EMPLOYMENT HISTORY

Begin with the most recent employment and describe job duties in environmental sanitation or training courses in environmental sciences.

Employer: _____ Job Title: _____

Address of Employer: _____ Phone Number: _____

Supervisor: _____

Employed From : _____ (Dates) To : _____ (Dates)

Describe Job Duties: _____

Employer: _____ Job Title: _____
Address of Employer: _____ Phone Number: _____
Supervisor: _____
Employed From : _____ (Dates) To : _____ (Dates)
Describe Job Duties: _____

PROFESSIONAL

Do you currently hold a license for a Professional Registered Sanitarian: _____ No _____ Yes: If yes
What state; _____ Requesting Reciprocity: _____ No _____ Yes

If requesting reciprocity, the Act/Rules and Regulations of the State issuing registration must be furnished to the Board along with application for Arkansas registration.

Have you ever had a license for a Professional Registered Sanitarian revoked or suspended: _____ No
_____ Yes Describe circumstance in detail; _____

List personal references that can attest to the Board that applicant is of good moral character.

1. _____
Name, address, phone number and occupation of reference.
2. _____
Name, address, phone number and occupation of reference
3. _____
Name, address, phone number and occupation of reference

SIGNATURE OF APPLICANT _____ DATE _____

Original Signature, Ink Only, No photocopies

With a signature on this application, the applicant is aware that misrepresentation or falsification may be cause for any and all documentation to be rejected, may cause the applicant's name to be removed from the current list of Arkansas State Registered Sanitarians and may disqualify applicant from qualifying for Registration in the future.

Mail to: Cary Gray, R.S.
Secretary/Treasurer
State Board of Registered Sanitarians
Arkansas Department of Health
Northwest Regional Office
Fayetteville, Arkansas 72703
E-Mail: Cary.Gray@arkansas.gov

Fees: Application Fee is \$20.00 Reciprocity Fee is \$10.00 Initial registration Fee is \$10.00
Check/Money Order made out to State Board of Registered Sanitarians and must accompany application.