



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.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME – Write your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Write your birthdate.
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 at:

www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
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 – Write 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 – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can 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 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 for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf).

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 for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.

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, a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.

16. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing 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);
3. a completed department-approved application; and
4. 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 (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

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 at: <http://www.tdlr.texas.gov/military.htm>.

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 you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SANITARIAN IN TRAINING REGISTRATION APPLICATION

DO NOT WRITE ABOVE THIS LINE

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:

Month Day Year

4. Social Security Number:

See Instruction Sheet for Disclosure Information

5. Email Address:

Ex: johnndoe@aol.com See Instruction Sheet for Disclosure Information

6. Personal Phone Number:

Area Code 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)

Employer Fax No.
(include area code)

Job Title:

Date of

Employment From:

To:

Mo./Yr.

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: | | | |
| <i>Note: Attach a detailed summary of experience (Including Employment Dates) and a job description on a separate sheet of paper.</i> | | | |
| 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? State or Licensing Jurisdiction: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Certificate/License Number: | | Date of Registration: | |
| Are you currently certified by NEHA as an REHS/RS? If Yes, attach proof. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state? | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application. <u>This does not include your driver's license</u> | | | |
| 15. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense. <u>See instructions sheet for more information</u> | | | |
| 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 |