

STATE BOARD OF REGISTERED PROFESSIONAL SANITARIANS

APPLICATION FOR REGISTRATION PLEASE TYPE

1. PERSONAL

Name:
Last First Middle
Address: City: State: Zip:
Home Phone: Work Phone:
Place of Birth:
City State Zip
USA Citizen: Yes No Social Security Number: - -
Have you ever been convicted of a felony: Yes No
If so, describe:

2. EDUCATION

High School Name:
Address: City: State: Zip:
Name on Diploma: Graduation Year:
College or University Name:
Address: City: State: Zip:
Name on Diploma: Graduation Year:
Major: Natural Science Hours:
Minor: Natural Science Hours:
Degree: (Attach All Applicable Transcripts)
College or University Name:
Address: City: State: Zip:
Name on Diploma: Graduation Year:
Major: Natural Science Hours:
Minor: Natural Science Hours:
Degree:
Other Education, Certification, Registration:
Indicate below the items in your experience, which in your opinion, satisfy such requirements for
Registration as a Professional Sanitarian:

3. EMPLOYMENT HISTORY

Begin with your most recent employment and list your employment record in reverse order. If more than one position or classification has been held with a given employer, list each position as a separate period of employment. Please include military experience.

Employer Name: Position:
Address: Business Type:
Supervisor: Title:
Dates Employed: To:
Describe your responsibilities with this employer:

Employer Name: Position:
Address: Business Type:
Supervisor: Title:
Dates Employed: To:
Describe your responsibilities with this employer:

Employer Name: Position:
Address: Business Type:
Supervisor: Title:
Dates Employed: To:

Describe your responsibilities with this employer:

Employer Name: _____ Position: _____
Address: _____ Business Type: _____
Supervisor: _____ Title: _____
Dates Employed: _____ To: _____

Describe your responsibilities with this employer:

(Attach Additional Sheets If Necessary)

4. PROFESSIONAL

Have you ever filed an application for Professional Registration: _____ Yes _____ No

If yes: _____

State Type of Registration

List at least three professional references:

1. _____

Name Address Profession Phone

2. _____

Name Address Profession Phone

3. _____

Name Address Profession Phone

List Professional Societies, Organizations, Registrations, Certifications, with whom you are affiliated:

5. CERTIFICATION

I certify that this application contains no willful misrepresentation or falsification and that the information provided is true and complete to the best of my knowledge and belief. I am aware that misrepresentation or falsification on this application maybe cause for the application to be rejected, my name removed from Registration and I may be disqualified from future application for Registration through the State Board of Sanitarians.

Date: _____

Original Signature, Ink Only, No photocopies

Mail to: Secretary/Treasurer along with a \$20.00 Application Fee to:

**Rebecca A. Wright R.S., Sec/Treas..
State Board of Registered Sanitarians
740 California SW
Camden, Arkansas 71701**