

STATE BOARD OF REGISTERED PROFESSIONAL SANITARIANS

APPLICATION FOR REGISTRATION PLEASE TYPE

1.PERSONAL

Name: _____
Last First Middle
Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Home**
Phone: _____ **Work Home:** _____ **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: _____ **Name on**
Diploma: _____ **Graduation Year:** _____ **Major:**
_____ **Natural Science Hours:** _____ **Minor:**
_____ **Natural Science Hours:** _____ **Degree:**
_____ *(Attach All Applicable Transcripts. Must be Official Transcript)* **College or**
University: _____ **Address:**
_____ **City:** _____ **State:** _____ **Zip:** _____ **Name on**
Diploma: _____ **Graduation Year:** _____ **Major:**
_____ **Natural Science Hours:** _____ **Minor:**
_____ **Natural Science Hours:** _____ **Degree:**
_____ *(Attach All Applicable Transcripts. Must be Official Transcript)* **College or**
University: _____ **Address:**
_____ **City:** _____ **State:** _____ **Zip:** _____ **Other**
Education, Certification, and Registrations: _____

Registration as a Professional Sanitarian: _____ **3.**
EMPLOYMENT HISTORY

Begin with the 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: _____

(Attached 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's Phone number

2. _____
Name, address, Profession's Phone number

3. _____
Name, address, Profession's Phone number

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 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:
Howard County Health Unit
David McKinnon R.S.
201 East Hempstead
Nashville, AR 71852