

The Commonwealth of Massachusetts
Division of Professional Licensure
C/O Professional Credential Services
150 Fourth Ave North Suite 800
Nashville, TN 37219
www.mass.gov/reg
617-727-3072

REGISTERED SANITARIAN CERTIFICATION

INSTRUCTIONS

If you wish to be considered for registration, please complete the enclosed application:

- All Application Forms must be mailed to:
Professional Credential Services (PCS)
150 Fourth Ave, North Suite 800
Nashville, TN 37219
- Your application will be reviewed by the Massachusetts Board and you will be notified from PCS if you have fulfilled the qualifications to take the written examination.
- If approved for examination, you will be mailed a Scheduling Form from PCS.
- If approved for reciprocity, you will be mailed a letter with further instructions.
- As a general policy, examinations for registration are conducted three times a year (March, July, and November). Therefore, the Board recommends you submit your application in a timely manner.
- If applicant fails to appear for his/her scheduled examination, he/she will forfeit the examination application fee.
- If application for examination or reciprocity is denied by the board, you will forfeit the required fee.
- It is the responsibility of the applicant to indicate and identify to the Board which course(s) he/she request(s) to be credited toward the total thirty credits in basic sciences (including a brief description of each course) if required under 255 CMR 4.02.

REQUIRED INFORMATION:

1. Photograph (2x2)
2. Official Transcripts from a College or University (Attn: Sanitarian Coordinator)
3. Experience Record
4. Summary of Experience Record
5. References
6. CORI (Criminal Offender Record Information) Form
7. Application fee
8. Official verification of licensure status in all states in which you have been registered or licensed.

Study Guide Information:

National Environmental Health Association
720 S. Colorado Blvd., Suite 970
South Tower, Denver, CO 80222
(303) 756-9090

The following are the basic requirements for consideration by the Board of Registration of Sanitarians (excerpts from the Rules & Regulations).

1. DEFINITIONS

Approved School of Public Health/Environmental Health shall mean any school which grants a bachelor's degree or master's degree in sanitary science, public health, or environmental health, and which is accredited by the United States Office of Education, or any other educational institution approved by the Board.

Basic Sciences shall mean sciences basic to sanitation, namely, biological, physical, environmental, sanitary or related sciences, as determined by the Board. Courses in environmental health, environmental protection or public health fields may be approved by the Board. The Board may, in its discretion, require an applicant for registration to submit a syllabus explaining course content.

Board shall mean the Board of Registration of Sanitarians as defined by M.G.L. c. 13, § 51.

Contact Hour shall mean the unit of measurement of organized learning experience lasting 50 consecutive minutes.

Continuing Education Unit shall mean ten contact hours earned in continuing education courses, seminars, workshops and college courses. Ten contact hours equals one continuing education unit.

Recognized Entity shall mean an educational institution or professional organization recognized by the Board which offers continuing education programs pertinent to the duties, functions and responsibilities of professional sanitarians. Such entities include, but are not necessarily limited to: colleges; universities; national and international institutes; federal, state and municipal agencies; public health organizations; and other professional associations and organizations which offer such continuing education programs.

Registered Sanitarian shall mean an individual who has received a certificate of registration from the Board attesting that he or she has met the educational, experience and examination requirements established by the Board and is qualified to practice as a Sanitarian, carry out public health inspectional and administrative duties, and enforce the laws in the fields of environmental sanitation and public health.

Sanitarian shall mean an individual with broad basic education and experience in the physical, biological and social sciences, supplemented by specialization in the fields of sanitary sciences and technology, public health or environmental health and who is qualified to carry out instructional and inspectional duties and enforce the laws in the field of environmental sanitation and public health.

Year of Experience shall mean actual performance of work in public or environmental health on a full-time basis for one year. Credit may be given for part-time work where the proportion of full-time work and the duration of the part-time work are adequately documented so that accurate equivalency may be determined.

2. MINIMUM STANDARDS

An applicant for registration as a Registered Sanitarian must possess the following minimum education and/or experience in order to be eligible for registration:

- (a) A bachelor's degree or graduate degree in sanitary science, public health or environmental health from an approved school of public health/environmental health, as defined in 255 CMR 2.03; or
- (b) A bachelor's degree or graduate degree in sanitary engineering from an institution on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board; or
- (c) A bachelor's degree with a minimum of 30 semester hours credit in basic sciences from an institution on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board, plus the equivalent of one year full time experience in environmental health.

The Board may, in its discretion, grant credit to an applicant for education received at an institution outside of the United States if the applicant submits proof satisfactory to the Board that such foreign education is substantially equivalent to that provided in an institution accredited by the United States Office of Education or otherwise approved by the Board.

3. APPLICANTS FOR REGISTRATION

Application for registration as a Registered Sanitarian shall be made on a form provided by the Board. Said application form shall be filled out completely and shall be accompanied by the following:

- (a) Official transcripts, or other official documentation satisfactory to the Board, verifying that the applicant meets the educational requirements specified in 255 CMR 4.02;
- (b) Work affidavit signed by employers and submitted on form prescribed and provided by the Board, or other written documentation satisfactory to the Board, verifying that the applicant meets the experience requirements specified in 255 CMR 4.02(1)(c), if applicable;
- (c) An identifying photograph;
- (d) Official verification of licensure status in all states in which you have been registered or licensed; and
- (e) Any and all additional documentation which may be requested in writing by the Board.

The Board shall notify an applicant in writing of any deficiencies in his or her application. If the requested additional information is not received by the Board within 90 days of the date of the applicant's receipt of that written notice, the application shall be considered denied by the Board.

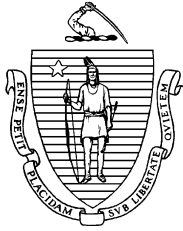
All fees submitted in conjunction with an application for registration are non-refundable.

An applicant or registrant shall notify the Board in writing of any change of address.

4. EXAMINATION: See Board regulations at 255 CMR 4.04

Application Materials must be submitted to:

**PCS
Attn: Sanitarian Coordinator
P.O. Box 198689
Nashville, TN 37219-8689**



The Commonwealth of Massachusetts
Division of Professional Licensure
C/O Professional Credential Services
150 Fourth Ave North Suite 800
Nashville, TN 37219

Sanitarian Board

- ☐ **Initial Certification Applicants--Fee \$528.00**
☐ **Certification by Reciprocity Applicants--Fee \$420.00**

Please Attach

2"x2"

Passport Photo Here

A. Biographical Information.

Provide your full name, date of birth, and address.

First Name Middle Name Last Name Suffix/Other/Maiden

Date of Birth Place of Birth (City, State or Province, Country)

Mailing Address

Street Address or P.O. Box

City State ZIP Code

Telephone Number FAX Number E-mail Address

Business Address (if applicable)

Street Address or P.O. Box

City State ZIP Code

Telephone Number FAX Number E-mail Address

**B. Academic and Professional
Credentials.**

Highest Grade in High School Completed (circle one):

9 10 11 12 Graduated or Equivalent

Number of Years of College/University Completed (circle one):

1 2 3 4 5 6 7 8

Name of College/University Attended

Location of College/University Attended (address, city, state, zip)

Dates/Years Attended (from-to): _____

Name of College/University Attended

Location of College/University Attended (address, city, state, zip)

Dates/Years Attended (from-to): _____

Degree Achieved:

BA BS MS PhD MPH Other: _____

Field of Concentration: _____

Special Courses or Training Certificates (name and address of institution, dates attended, length of course, and course title)

C. Work Experience (1).

Position/Title

Dates (begin to end)

Employer's Name

Supervisor's Name and Title

Supervisor's Phone Number

Street Address or P.O. Box

City

State

ZIP Code

Total Hours Per Week

Total Hours Per Week

D. Work Experience (2)

Position/Title		Dates (begin to end)
Employer's Name		Supervisor's Name and Title
		Supervisor's Phone Number
Street Address or P.O. Box		
City	State	ZIP Code
Total Hours Per Week		Total Hours Per Week

E. Work Experience (3)

Position/Title		Dates (begin to end)
Employer's Name		Supervisor's Name and Title
		Supervisor's Phone Number
Street Address or P.O. Box		
City	State	ZIP Code
Total Hours Per Week		Total Hours Per Week

F. References

Please give the names of three persons whom are familiar with your work that may be contacted by the Board if inquiries are necessary:

)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

G. License Verification

List any license(s)/certification(s) you hold or have held in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued.. You must make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state.

State	Profession / License #	Date Licensed	Current	Lapsed	Revoked/ Suspended	Probation

H. Questions.

Answer each of the questions listed. If you answer yes to any, please attach an explanation.

1. Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any country or foreign jurisdiction? If yes, please explain (use separate sheet if necessary). ☐ Yes ☐ No
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2. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction? If yes, please explain (use separate sheet if necessary). ☐ Yes ☐ No
-
-
3. Have you voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any country or foreign jurisdiction? If yes, please explain (use separate sheet if necessary). ☐ Yes ☐ No
-
-
4. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? If yes, please explain (use separate sheet if necessary). ☐ Yes ☐ No
-
-
5. Have you been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any investigation or any court proceeding in relation to any felony or misdemeanor charge? If YES, please attach a typewritten 8 1/2" by 11" sheet(s) of paper which provides dates and details describing the circumstances related to the matters on the matter(s); provide certified copies of court documents of any convictions (defined as any plea that is accepted by a court); and complete a Criminal Offender Record Information Request (CORI) Form (available at pchq.com). (Note: Conviction of a crime does not necessarily bar registration; however, failure to disclose may result in denial of application or other disciplinary action by the Board.) ☐ Yes ☐ No
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I. Affidavit.

By my signature below, I certify under the pains and penalties of perjury, that:

* I am the applicant named in this application and pictured in the attached photograph.

* The information that I have provided pursuant to this application is truthful and accurate.

I understand that the failure to provide accurate information may be grounds for the Board of Registration in Sanitarian to deny me the right to sit as a candidate or to suspend/revoke a license issued to me in accordance with the Massachusetts Law.

* I understand that the Massachusetts Board of Registration in Sanitarian has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for initial registration, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

* Pursuant to G.L. c. 62C, s.47A & s.49A, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Applicant

Date

Massachusetts

Registered Sanitarian (RS) Application

Summary of Experience

Subject Area	Experience (indicate # months or years in each subject area subcategory)
1. General Environmental Health	
a. Conduct environmental health inspections and/or audits	
b. Conduct epidemiological investigations and other microbiology activities	
c. Collect samples or specimens for laboratory analysis	
d. Perform routine field tests and measurements	
e. Plan land use	
f. Review construction plans	
g. Conduct contamination and disease control programs (e.g. rabies)	
h. Other (describe):	
2. Air Quality and Noise	
a. Assess ambient air quality	
b. Survey noise and nuisance complaints	
c. Implement noise control strategies	
d. Other (describe):	
3. Disaster Sanitation and Emergency Management	
a. Prepare/plan for disasters (including participating in drills and exercises)	
b. Assist with management of disaster and post-disaster situations	
c. Other (describe):	
4. Food Protection	
a. Inspect and investigate food establishments and temporary food venues	
b. Ensure food safety, protection, quality, including plan design and review	
c. Oversee transportation of food	
d. Other (describe):	
5. Hazardous Materials	
a. Investigate hazardous materials	
b. Inspect hazardous materials facilities	
c. Other (describe):	
6. Housing	
a. Investigate and inspect public and private housing	
b. Inspect and investigate mobile home and recreational vehicle parks	
c. Other (describe):	

Subject Area	Experience (indicate # months or years in each subject area subcategory)
7. Institutions and Licensed Establishments	
a. Manage health hazards and sanitation problems of institutions	
b. Conduct epidemiological investigations in institutions	
c. Inspect and investigate facilities, institutions and other licensed establishments	
d. Other (describe):	
8. Occupational Safety and Health	
a. Investigate and inspect worksites	
b. Other (describe):	
9. Radiation Protection and Control	
a. Investigate radiation hazards	
b. Inspect tanning establishments	
c. Other (describe):	
10 Solid and Hazardous Waste	
a. Investigate or inspect solid and/or hazardous waste facilities	
b. Manage collection contracts or special collection events (e.g. household hazardous waste collection days)	
c. Other (describe):	
11. Statutes, Regulations and Standards	
a. Enforce laws, regulations, and statutes	
b. Draft local regulations and by-laws	
c. Conduct special activities related to enforcement (e.g. hearings, search warrant, seizures, criminal and civil complaints)	
d. Other (describe):	
12. Swimming Pools and Recreational Facilities	
a. Inspect swimming pools, spas, water parks and related facilities	
b. Sample bathing beach water	
c. Inspect recreational camps for children	
d. Inspect amusement parks, temporary mass gatherings, health clubs, or other recreational areas	
e. Other (describe):	
13. Vectors, Pests and Poisonous Plants	
a. Control vectors, pests and/or poisonous plants	
b. Other (describe):	
14. Wastewater	
a. Oversee wastewater management systems (including soil evaluations, plan design/review, system inspections)	
b. Other (describe):	

Subject Area	Experience (indicate # months or years in each subject area subcategory)
15. Water (Drinking/Potable)	
a. Conduct sanitary surveys of potential or existing water systems and watersheds	
b. Other (describe):	

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to

M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
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*Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
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*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

Payment Form

Applicant Name: _____

Social Security Number (Mandatory): _____ - _____ - _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth

Three payment options are available: Company/Corporate/Certified Check, Money Order or Credit Card. If paying by Company/Corporate/Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below

- ☐ **Certified Check** (*Please ensure the applicant's name is on the payment*)
- ☐ **Money Order** (*Please ensure the applicant's name is on the payment*)
- ☐ **Credit Card**

Authorized payment amount: \$ _____

Please check one: ☐ Visa ☐ MasterCard

Card Number: _____ - _____ - _____ - _____ Exp: ____ / ____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form

Note: This document will be shredded after it has been processed.