

The Commonwealth of Massachusetts
Division of Occupational Licensure
C/O Professional Credential Services
25 Century Blvd, Suite 505
Nashville, TN 37214
www.mass.gov/dpl/boards/SA
617-701-8694

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)
PO BOX 198689
Nashville, TN 37214
- 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 Computer Based Test (CBT).
- If approved for examination, you will receive an Approval to Test Letter from PCS.
- If approved for reciprocity, you will receive a letter with further instructions.
- All incomplete applications will be returned to the applicant.
- 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).

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. Letter of Good Standing/Verification (if currently or previously licensed) from State/Jurisdiction Licensing Authority to PCS
8. Application fee

Study Guide Information:

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

<https://www.neha.org/professional-development/credentials/rehsrs-credential>

The following are the basic requirements for consideration by the Board of Registration of Sanitarians (excerpts from the Rules & Regulations, 255 CMR 2.00 -5.00).

1. DEFINITIONS

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. (See also Board Policy on Basic Science, dated 2/2014 copy attached to application).

Approved School of Public Health/Environmental Health: 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.

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

The minimum standards and qualification for admission to Examination of Registration as a Sanitarian under provisions of 255 CMR 4.00 are as follows:

(1) 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: *Definitions*;
- (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.

(2) 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

An applicant for Registration as a Sanitarian shall submit to the Board written evidence, verified by oath, that the applicant:

- a) Is of good moral character.
- b) Meets education and experience qualifications substantiated by documentary evidence.

4. EXAMINATION

The applicant shall be required to pass a CBT examination as determined by the board.

- The passing score for the examination shall be determined by the Board on the basis of a percentage of correct responses and in consultation with the examination company.

5. CERTIFICATE OF REGISTERED SANITARIAN

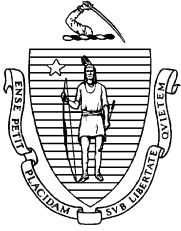
Upon satisfactory completion of all requirements, the Board shall issue a Certificate of Registered Sanitarian to the applicant. Said Certificate shall be valid for the calendar year, from January 1st. to December 31st.

6. MISCONDUCT OR MALPRACTICE

Any Registered Sanitarian who shows evidence of misconduct, malpractice or dishonesty may, after consent agreement or opportunity for a hearing, have his or her Registration Certificate revoked or otherwise disciplined by the Board.

Application Materials must be submitted to:

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



The Commonwealth of Massachusetts
Division of Occupational Licensure
c/o Professional Credential Services 25
Century Blvd, Suite 505
Nashville, TN 37214

Sanitarian Board

- Initial Certification Applicants-- Fee \$182** * *Does NOT include CBT Exam Fee to NEHA*
- Certification by Reciprocity Applicants-- Fee \$246**

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. Questions.

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

List any license(s)/certification(s) you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued.

This is necessary whether the license is current or expired. **You will have to contact each state/jurisdiction to request this document be sent to PCS on your behalf**

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

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 convicted of a felony or misdemeanor charge in the United States, the District of Columbia, U.S. territory, or any other country/foreign jurisdiction (other than a traffic violation for which a fine of less than \$300.00 was assessed)? Yes No

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 matter or matters; provide certified copies of court documents of any convictions; and complete a Criminal Offender Record Information Request (CORI) Form (available at peshq.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.

H. 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 Department of Criminal Justice Information Services 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 M.G.L. c. 62C, s. 49A, to the best of knowledge and belief, I have filed all Massachusetts state income tax returns and paid all taxes required by law.

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	

Subject Area	Experience (indicate # months or years in each subject area subcategory)
recreational vehicle parks	
c. Other (describe):	
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):	

Subject Area	Experience (indicate # months or years in each subject area subcategory)
14. Wastewater	
a. Oversee wastewater management systems (including soil evaluations, plan design/review, system inspections)	
b. Other (describe):	
15. Water (Drinking/Potable)	
a. Conduct sanitary surveys of potential or existing water systems and watersheds	
b. Other (describe):	

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.

Policy Guideline

From: Board of Registration of Sanitarians

Re: Basic Science Courses

Date: December 10, 2014 (rev. Sept. 30, 2015)

The Board of Registration of Sanitarians ("the Board") voted at its meeting on December 10, 2014 to issue the following policy clarifying the meaning of the term "basic sciences" as it is used in Board Regulations, which are located in Title 255 of the Code of Massachusetts regulations. This Policy Guideline does not have the full force and effect of law, as would a statute or a regulation, however, it is issued to provide guidance to applicants regarding courses that may qualify an individual for licensure as a sanitarian in Massachusetts.

As stated in Board regulation at 255 CMR 4.02, 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.

See 255 CMR 4.02 (emphasis supplied).

The term "basic sciences" is defined in Board regulations to 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 considers the following category of courses to be "basic science" courses for the purposes of 255 CMR 4.02(c):

Physics	Biology
Microbiology	Epidemiology
Advanced Math* (six credit max)	Public Health
Chemistry	Environmental Health
Bacteriology	Biochemistry
Civil Engineering	Environmental Engineering
Toxicology	Geology
Social Science (6 credit max)	Geography

The above-stated Basic Science courses may be taken outside the applicant's bachelor degree program but must be offered by an institution on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board.

Other courses not found on this list will be considered for approval by the Board on an individual case-by-case basis. It is within the Board's sole discretion to determine whether a particular course constitutes a "basic science" course for the purpose of licensure. The Board reserves its right to require an applicant to submit a syllabus explaining course content to assist the Board in determining whether a specific course qualifies as a "basic science" course under Board regulations. It is the applicant's responsibility to provide sufficient information regarding specific course content.

* For the purposes of this policy, "Advanced Math" means undergraduate or graduate math courses, including computer science and statistics. Advanced Math does not include economics. As noted in the chart above, an applicant is limited to a maximum of six Advanced Math credits towards the applicant's total "Basic Science" course credits. Determining whether a math course is an Advanced Math course is within the sole discretion of the Board.