

The Commonwealth of Massachusetts
Division of Registration
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.
- All incomplete applications will be returned to the applicant.
- 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).

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. Application fee

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

Year of College: A year of college shall mean, thirty (30) semester hours of credit with passing grades in course work, in an institution on the list of accredited colleges of the United States Office of Education (or any like institution approved by the Board).

Basic Sciences: Thirty (30) semester hours of credit of Basic Sciences must be included in the total presented for the four years of college and should consist of sciences basic to Sanitation, namely: Biological and Physical Sciences. (Bacteriology, Botany, and Zoology are examples of Biological Sciences; Physics, Chemistry, Geology, Mathematics are examples of Physical Sciences.)

Documentary Evidence: Documentary evidence shall mean official documents to substantiate experience, transcript of college record, or graduation or college attendance verified officially by the designated institution.

Approved School of Public Health: An approved school of public health shall mean any school which grants a Bachelor's Degree in Sanitary Science or Technology or Master's Degree in Sanitation or Public Health, and which is on the list of accredited colleges of the United States Office of Education (or any like institution approved by the Board).

Year of Experience: One year of experience means actual performance of work in Environmental Health on a full-time basis for one year. Part-time work must be shown in terms of proportion of full-time work and of the duration of the part-time work so that accurate equivalents can be credited.

2. MINIMUM STANDARDS

The minimum standards and qualification for admission to Examination of Registration as a Sanitarian under provisions of Chapter 673 of the Acts of 1957 shall be as follows.

- a) Bachelor's Degree in Sanitary Science or 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.
- b) Bachelor's Degree with a minimum of thirty (30) semester hour's credit of 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 one (1) year full time experience in Environmental Health.

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 twenty-one (21) years of age or more.
- b) Is a citizen of the United States or has legally declared intention of becoming a citizen.
- c) Is of good moral character.
- d) Is in good physical and mental health.
- e) Meets education and experience qualifications substantiated by documentary evidence.

4. EXAMINATION

The applicant shall be required to pass a written and or oral 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. The passing grade on the examination shall be equal to or greater than sixty eight (68).

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 in force for the calendar year, from January 1st. to December 31st.

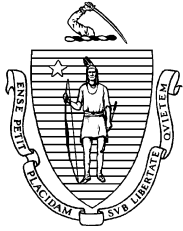
6. MISCONDUCT OR MALPRACTICE

Any Registered Sanitarian who shows evidence of misconduct, malpractice or dishonesty shall have a fair hearing and be adjudged; if found guilty, the Board shall revoke his or her Registration Certificate.

Effective date of these amended regulations is July 1, 1970.

Application Materials must be submitted to:

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



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

Sanitarian Board

- ☐ **Initial Certification Applicants--Fee \$374.00**
☐ **Certification by Reciprocity Applicants--Fee \$323.00**

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)

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

E. Work Experience (3)

<hr/>		<hr/>
Position/Title		Dates (begin to end)
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Employer's Name		Supervisor's Name and Title
<hr/>		<hr/>
		Supervisor's Phone Number
<hr/>		<hr/>
Street Address or P.O. Box		
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<hr/>	<hr/>	<hr/>
City	State	ZIP Code
<hr/>		<hr/>
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:

<hr/>	<hr/>	<hr/>
Name	Address	Phone
<hr/>		
<hr/>	<hr/>	<hr/>
Name	Address	Phone
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<hr/>	<hr/>	<hr/>
Name	Address	Phone

G. Questions.

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

1. 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. Please attach a certificate of standing from each state/jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information

2. 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 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 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.) ☐ Yes ☐ No

E. 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 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

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.