

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIALING

### REGISTERED SANITARIAN APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

Your name and address are available to the public.

Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex:  M  F Ethnic:  White, not of Hispanic origin  Black, not of Hispanic origin  Hispanic  American Indian or Alaskan  Asian or Pacific Islander  Other

- Degree Awarded:** (choose one)
- A **baccalaureate** or higher **degree in environmental health** from an accredited college or university with at least 30 semester or 45 quarter hour academic credits in environmental, physical, biological, chemical, or environmental health areas and **one year of full-time equivalent employment** in the field of environmental health.
  - A **baccalaureate** or higher **degree in physical or biological sciences** from an accredited college or university with at least 30 semester or 45 quarter hour academic credits in environmental, physical, biological, chemical, or environmental health areas and **two years of full-time equivalent employment** in the field of environmental health.
  - A **baccalaureate** or higher degree from an accredited college or university and **four years of full-time equivalent employment** in the field of environmental health.
  - An **associate degree** from an accredited college, community college or technical institute in **environmental, physical, biological or chemical sciences, and five years of full-time equivalent employment** in the field of environmental health.
  - An **associate degree** from an accredited college, community college or technical institute and **eight years of full-time equivalent employment** in the field of environmental health.

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

The registered sanitarian license expires on December 31 of the odd-numbered years. It may be renewed for a two year period at that time.

#### APPLICATION FEES

I wish to become registered by (check box that applies):

##### Original Registration Exam Candidates for NEHA REHS/RS (computer) exam

- \$ 75.00 Initial credential fee (Make check payable to Dept. of Regulation & Licensing and attach to this application)  
All applicants must qualify for examination by meeting provisions of Chapter RL 175 of the Wis. Admin. Code.
- \$ 15.00 Contract fee
- \$ 23.00 DOA fee
- \$ 113.00 Total DRL Fee**
- \$ 205.00 NEHA REHS/RS computerized examination fee (Payment and authorization letter from DRL must be sent directly to NEHA, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246.)

##### Endorsement/Reciprocal Candidates

- \$ 107.00 (Make check payable to Dept. of Regulation & Licensing and attach to this application)  
Current registration required in another state.

#### For Receiving Use Only

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**AN APPLICATION FOR LICENSURE IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

**Original Licensure Exam Candidates**

- Application form (Form #2696)
- Original official transcripts of college, university and post-graduate degree
- 2 Applicant Reference forms (Form #2768) [1 from Employer/Supervisor and 1 from Other Professional (non-relative)]. Additional Reference forms (Form #2768) should be used if more than one employer/supervisor is listed.
- Official job description

**Endorsement/Reciprocal Candidates**

- Application form (Form #2696)
- Photocopy of current registration in another state
- Letter of good standing directly from any state, territory, or possession of the United States, any foreign country, or any other organization that registers or certifies sanitarians where you hold a current registration with a copy of the statutes and rules in effect at the time original licensure was obtained (must include date of registration, registration number, name exam taken and final grade)

**Attach ORIGINAL official transcript(s) of your College, University and Post-Graduate degree. Copies of student issued transcripts will not be accepted (attach additional sheets if necessary).**

Name of School	Dates Attended mm/dd/yy	Major	Diploma or Degree Received	Date of Graduation

List other relevant education courses satisfactorily completed such as vocational school, correspondence, armed services specialized courses, short courses, business school, etc. Give name of school or sponsoring organization and/or course number, dates attended and duration of course (**attach additional sheets if necessary**).

Name of School/Sponsoring Organization	Dates Attended (duration) mm/dd/yy	Course Name	Certificate Received (if applies)

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**Verification of sanitarian experience.** For purposes of verifying the qualified sanitarian work experience required under this chapter, an applicant shall submit a detailed description of the position held, length of employment, duties of the position and name of work supervisor.

(Include all relevant information relating to your Environmental Health Experience and provide a **copy of official job description.**)

**“Environmental health” means the science and art which pertains to the protection of human health through the assessment, management, control and prevention of environmental factors that may adversely affect the health, comfort, safety or well being of individuals or the environment.**

**“Field of Environmental Health” means employment, whether private or public, where the principles of environmental health are directly applied to one or more of the following fields: (1) air quality, (2) food protection, (3) hazardous substances, (4) product safety, (5) housing, (6) institutional health and safety, (7) radiation protection, (8) recreational areas and waters, (9) solid waste management, (10) vector control, (11) water quality, (12) wastewater technology and management, (13) hazardous waste management, (14) industrial hygiene and water supply.**

Employer	Employer Address	Phone #	Immediate Supervisor	Dates Worked mm/dd/yy*		Position Held and Description of Duties	Fields of Env. Health (above)	Total # of hrs worked in fields of env. health**
				To	From		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 Fields #	

(Attach additional sheets if necessary.)

\*If less than full-time, specify exact number of hours worked in the field per year. An accumulation of 2,080 hours is equal to one year of creditable employment experience.

\*\*Enter the field number for hours claimed and subtract any hours performing non-environmental health duties.

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## OTHER STATE/COUNTRY LICENSE VERIFICATION

Are you now, or have ever been credentialed by the proper authority of any state, territory, or possession of the United States, any foreign country, or any other organization that registers or certifies sanitarians? If yes, list below each credential held and provide a letter of good standing for each credential. This letter needs to include date of registration, registration number, name of exam taken and final grade.

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## ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination or national board examination? If yes, give details on an attached sheet.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) Complete Form #2252.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) Complete Form #2252. <b>NOTE: If you are convicted of a misdemeanor or a felony during the time that your application is pending, you must notify the department of the change in your conviction record.</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).  | <input type="checkbox"/> | <input type="checkbox"/> |

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"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 10. Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your use of chemical substance(s) in any way impair or limit your ability to practice with reasonable skill and safety? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you currently engaged in the illegal use of controlled dangerous substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. _____   | <input type="checkbox"/> | <input type="checkbox"/> |

**CERTIFICATION OF LEGAL STATUS.**

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

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ALL APPLICANTS MUST COMPLETE THIS SECTION

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

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Signature of Applicant

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Date

