

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIALING

REGISTERED SANITARIAN WORK VERIFICATION/REFERENCE FORM

APPLICANT:
(Type or Print Name of Applicant)

The applicant named above has applied for registration as a Registered Sanitarian in the State of Wisconsin. To assist the board in reviewing the applicant's qualifications for licensure, this reference form must be completed by the following:

- A person not related by blood or marriage to the applicant, who has **personal knowledge of the applicant's work in the field of environmental health.** (The person completing this form should have at least 12 months knowledge of the applicant's experience within the past 5 years.)
- At least one of the applicant's references shall be from an employer or supervisor who can verify the hours worked.
- **All items must be completed and any questions which cannot be answered must be marked unknown or non-applicable.** (A copy of the rules governing the Registered Sanitarians profession can be viewed at <http://drl.wi.gov/prof/sani/def.htm> and clicking on the Consumer Info. & Tools link to Registered Sanitarian applications.)

1. I have personal knowledge that the applicant has worked in the field of environmental health. ____ Yes ____ No

2. My contacts with the applicant were (check all that apply):

- | | | | |
|--|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> - Employer | <input type="checkbox"/> - Employee | <input type="checkbox"/> -Supervisor | <input type="checkbox"/> - Subordinate |
| <input type="checkbox"/> - Co-worker | <input type="checkbox"/> - Student | <input type="checkbox"/> -Instructor | <input type="checkbox"/> -In professional society activities |
| <input type="checkbox"/> - Other (specify) _____ | | | |

3. The applicant performed work in the following field(s) of environmental health:

- **"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 areas below (check all areas that apply).**

- | | | |
|---|--|--|
| <input type="checkbox"/> - Air Quality | <input type="checkbox"/> - Food Protection | <input type="checkbox"/> -Hazardous Substances |
| <input type="checkbox"/> - Product Safety | <input type="checkbox"/> - Housing | <input type="checkbox"/> -Institutional Health & Safety |
| <input type="checkbox"/> - Radiation Protection | <input type="checkbox"/> - Recreational areas & Waters | <input type="checkbox"/> -Solid Waste Management |
| <input type="checkbox"/> - Vector Control | <input type="checkbox"/> - Water Quality | <input type="checkbox"/> -Wastewater Technology & Management |
| <input type="checkbox"/> - Hazardous Waste Management | <input type="checkbox"/> - Industrial Hygiene & Water Supply | <input type="checkbox"/> - Other (describe) |

4. Based upon my personal knowledge, I am able to verify the number of hours the applicant worked in the field of environmental health. ____ Yes ____ No

If yes, please complete the following: the applicant has worked in the above-checked field(s) from _____ to _____ for a total number of _____ hours.

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7. The above information is being submitted by:

Name (Type or Print)	
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	Date

Please affix seal or
list type of profession and registration number (if applicable)

I certify under penalty of perjury that these statements are true and correct to the best of my knowledge of the date of my signature, and that I have personally prepared this form, and if I become aware of information that would contradict my statements included with this submittal, I will promptly notify the board.

Signature

Date

RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE ENVELOPE SEAL.