



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Protective Health Services / Consumer Health Service
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Physical: 1000 NE 10th St., Oklahoma City, OK 73117
Telephone: (405) 271-5243/ Fax: (405) 271-5286
Website: <http://chs.health.ok.gov>

**PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST
Full, In-Training, or Reciprocal Registration Application**

Please select the registration(s) you are applying for:

<u>Registration Type</u>	<u>Full Registration</u>	<u>In-Training Registration</u>	<u>Reciprocal Registration</u>
Sanitarian Only	RPS <input type="checkbox"/> \$25	RPSIT <input type="checkbox"/> \$10	RPS <input type="checkbox"/> \$25
Environmental Specialist Only	RPES <input type="checkbox"/> \$25	RPESIT <input type="checkbox"/> \$10	RPES <input type="checkbox"/> \$25
Both	RPS/RPES <input type="checkbox"/> \$50	RPSIT/RPESIT <input type="checkbox"/> \$20	RPS/RPES <input type="checkbox"/> \$50

APPLICATION REQUIREMENTS:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> \$30 Exam Fee (FULL/IN-TRAINING ONLY) |
| <input type="checkbox"/> Affidavit of Lawful Presence | <input type="checkbox"/> Experience Verification Letter (FULL ONLY) ¹ |
| <input type="checkbox"/> Official Final Transcript | <input type="checkbox"/> Copy of Current Equivalent Out-of-State
Registration (RECIPROCAL ONLY) |
| <input type="checkbox"/> Application Fee (Payable to OSDH) | |

PLEASE PRINT CLEARLY OR TYPE:

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Employer Name: _____

Division/Title: _____

EDUCATION HISTORY

<u>College/University</u>	<u>Major/Minor</u>	<u>Years Attended</u>	<u>Degree Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
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