



Creating  
a State  
of Health

**PROTECTIVE  
HEALTH  
SERVICES**

Oklahoma State Department of Health

Protective Health Services / Occupational Licensing  
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Physical: 1000 NE 10<sup>th</sup> St., Oklahoma City, OK 73117  
Telephone: (405) 271-5243 / Fax: (405) 271-5286

Website: <http://chs.health.ok.gov>

**PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST  
In-Training to Full Registration Application**

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

- Sanitarian (RPS): \$25       Environmental Specialist (RPES): \$25       Both RPS/RPES: \$50

**ALL IT-TO-FULL APPLICATIONS REQUIRE:**

- Completed In-Training to Full Application       Experience Verification Letter<sup>1</sup>  
 Application Fee (Payable to OSDH)

**PLEASE PRINT CLEARLY OR TYPE:**

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Registration No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Division/Title: \_\_\_\_\_

<sup>1</sup>A letter from your employer verifying your experience in the field of public health or environmental protection and the time periods thereof MUST accompany all non-reciprocal applications for full registration. The letter must state your specific job duties and include dates of employment. If your experience is from more than one source, a letter from each source is required. A minimum of two (2) years of postgraduate, full-time experience in the field of public health or environmental protection is required for full Sanitarian and/or Environmental Specialist.

**I HEREBY CERTIFY** this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the register, and I may be disqualified from applying in the future for registration by the Commissioner of Health.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*All completed applications, fees, and documentation are due a minimum of **two (2) weeks prior** to the desired Advisory Council meeting date. Meeting dates are available at <http://old.health.ok.gov/>.*

[THIS SPACE FOR OSDH OFFICE USE ONLY]

DATE APPLICATION RECEIVED: \_\_\_\_\_  
DATE FEE RECEIVED/AMOUNT: \_\_\_\_\_  
DATE APPROVED/PROCESSED: \_\_\_\_\_