



Creating  
a State  
of Health

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

Oklahoma State Department of Health  
Protective Health Services / Occupational Licensing  
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**SANITARIAN & ENVIRONMENTAL SPECIALIST PROGRAM  
RENEWAL OF REGISTRATION**

This form is only for **full RPS/RPES registrants**. In-Training and Lifetime registrants do not renew.

All Full (non-Lifetime) registrants' registrations expire on **December 31<sup>st</sup>** each year. This form and accompanying fee must be postmarked by **January 31<sup>st</sup>** of the year following expiration to renew without late penalty. Renewals postmarked after this date will have a \$10 late penalty per registration assessed.

Any full registrant not renewed by **March 1<sup>st</sup>** of the year following expiration shall be ineligible for renewal and must make application for reinstatement.

Please check the following registration you wish to renew:

- Sanitarian (RPS) - \$25 (\$35 after January 31)     Env. Specialist (RPES) - \$25 (\$35 after January 31)
- Both RPS/RPES - \$50 (\$70 after January 31)     Lifetime RPS/RPES\* - \$60 ea. (\$70 ea. after January 31)
- \*Circle one or both for Lifetime Registration

All of the following items are required to process a renewal:

- Completed renewal form
- Correct renewal fee payable to Oklahoma State Department of Health (OSDH). Please do not mail cash.
- C.E. Roster(s) showing completion of twelve (12) approved CE hours in the last two (2) calendar years
- **(Lifetime requestors only)** Proof of reaching age 62 **and** 25 consecutive years of RPS/RPES registration

Please clearly print or type the following:

**Printed Name:** \_\_\_\_\_ **Registration #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Division/Title:** \_\_\_\_\_

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

# RPS/RPES CONTINUING EDUCATION ROSTER TO BE SUBMITTED ANNUALLY WITH RENEWAL FORM

*(Attach additional copies of this page if needed.)*

<b>Hours Earned</b>
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Course Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

Duty Task List Item(s): \_\_\_\_\_

<b>Hours Earned</b>
---------------------

Course Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

Duty Task List Item(s): \_\_\_\_\_

Printed Name: \_\_\_\_\_

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