



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## REGISTERED SANITARIAN APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

1. **NAME** – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix)  
Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **GENDER** – Select whether you are male or female.
3. **DATE OF BIRTH** – Provide your birth date.
4. **SOCIAL SECURITY NUMBER** – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
5. **EMAIL ADDRESS** – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. **PERSONAL PHONE NUMBER** – Indicate a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. **EMPLOYMENT INFORMATION** – Enter the information of your place of employment; address, phone number, fax number, your job title, the date you started work and place a check in the box for the category which you spend most your time.
9. **EDUCATIONAL REQUIREMENTS FOR EXAMINATIONS AND REGISTRATION** - – Submit an official transcript from your college, university, and/or graduate record which verifies that degree and science requirements have been met. (Transcript(s) must be original). In the space provided below, document the 30-semester hours (or its equivalent) in basic or applied sciences that you completed at an accredited college or university. You are only required to complete a minimum of 30 hours in any of the acceptable courses. *Your application must include official transcripts verifying completion of courses.* Dropped courses are not acceptable.
10. **EMPLOYMENT RECORD** – If the experience obtained is applicable begin with your present position and work back to your first position.
11. **PRIOR REGISTRATION AS A SANITARIAN** – If you have previously held a sanitarian registration, list the registration number, state or licensing jurisdiction, and your name, if different than in item 1. If you are currently certified by the National Environmental Health Association (NEHA) as a Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS), please attach proof of your certification.

12. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.
13. **CRIMINAL HISTORY** – – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a \$25 fee.
14. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application.

#### **REQUIRED DOCUMENTATION TO BE SUBMITTED**

1. an official transcript with conferred bachelor's degree from an accredited college or university that includes at least thirty (30) semester hours or its equivalent in a basic or applied science;
2. a copy of your certificate, if you are certified by the National Environmental Health Association (NEHA) as a Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS);
3. a completed department-approved application; and
4. the required application fee.

SANITARIAN EXPERIENCE VERIFICATION FORM - **Be sure to use a separate form** for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document the two (2) years of experience (not less than 32 hours per week).

#### **APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses, please go to the [TDLR Military Information web page](#).

#### **SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [TDLR webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800)735-2989.

#### **TDLR PUBLIC INFORMATION ACT POLICY:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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## PROFESSIONAL SANITARIAN REGISTRATION APPLICATION

**INITIAL APPLICATION FEE: \$130.00 (FEE IS NON-REFUNDABLE)**

The completed forms must be accompanied by all required documents and the application fee.

1. Name:

\_\_\_\_\_  
Last Name First Name Middle Name Suffix

2. Gender:

Male  Female

3. Date of Birth:

\_\_\_\_\_  
mm/dd/yyyy

4. Social Security Number:

\_\_\_\_\_  
See Instruction Sheet for Disclosure Information

5. Email Address:

Ex: [john.doe@aol.com](mailto:john.doe@aol.com) See Instruction Sheet for Disclosure Information

6. Personal Phone Number:

\_\_\_\_\_  
Area Code Number

7. Mailing Address:

\_\_\_\_\_  
(P.O. Box, Number, Street Name/Apartment Number)

\_\_\_\_\_  
City State Zip Code

### 8. EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_

Employer \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

Employer Phone No. \_\_\_\_\_ Employer Fax No. \_\_\_\_\_  
(include area code) (include area code)

Job Title: \_\_\_\_\_ Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo./Yr. Mo./Yr.

### 9. EDUCATIONAL REQUIREMENTS FOR EXAMINATIONS AND REGISTRATION

Submit an official transcript from your college, university, and/or graduate record which verifies that degree and science requirements have been met. (Transcript(s) must be original).

In the space provided below, please document the 30-semester hour (or its equivalent) coursework minimum requirement in basic or applied sciences that you completed at an accredited college or university. You are only required to complete a minimum of 30 hours in any of the following acceptable courses. *Your application must include official transcripts verifying completion of courses.* Dropped courses are not acceptable.

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
Air Pollution				
Anatomy				
Animal Science				
Bacteriology				
Biochemistry				

EDUCATIONAL REQUIREMENTS FOR EXAMINATIONS AND REGISTRATION (cont.)

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
Biology				
Biomedical Science				
Biophysics (no more than 6 semester hours or its equivalent)				
Biostatistics				
Botany				
Cell Physiology				
Chemical Engineering				
Chemistry				
Community Health				
Computer Science (no more than 6 semester hours or its equivalent)				
Dairy Science				
Ecology				
Embryology (no more than 6 semester hours or its equivalent)				
Entomology				
Environmental Health				
Environmental Science				
Environmental Diseases				
Environmental Law				
Epidemiology				
Food Bacteriology				
Food Science				
Food Technology				
Genetics				
Geophysics				
Geology				
Hazardous Waste				
Histology				
Hydrogeology				
Hydrology				
Industrial Hygiene				

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
Infectious Diseases				
Limnology				
Mathematics (beyond algebra- no more than 6 semester hours or its equivalent)				
Courses taken in an accredited allopathic or osteopathic school of medicine (no more than six semester hours or its equivalent)				
Meteorology (no more than 6 semester hours or its equivalent)				
Microbiology				
Molecular Biology				
Occupational Health				
Occupational Safety				
Parasitology				
Pathology				
Physics (no more than 6 semester hours or its equivalent)				
Physiology				
Plant Taxonomy				
Public Health				
Public Health Education (no more than 6 semester hours or its equivalent)				
Public Health Law				
Radiological Health				
Sanitary Engineering				
Soil Science				
Statistics (no more than 6 semester hours or its equivalent)				
Toxicology				
Vector Control				

Course	Course title & number on transcript	Number of semester hours	Final Grade	Full title of course
<b>Veterinary Medical Courses (no more than 6 semester hours or its equivalent)</b>				
<b>Veterinary Public Health</b>				
<b>Virology</b>				
<b>Wastewater Treatment</b>				
<b>Water Quality</b>				
<b>Zoology</b>				

Courses not listed above may be submitted for consideration for acceptance by the department. Please list those courses in the space provided below. Courses considered not acceptable are anthropology; archaeology; astronomy; education; geography; government; history; kinesiology; languages; physical education; psychology; and sociology.

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**10. EMPLOYMENT RECORD**

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

Address: \_\_\_\_\_  
(Number, Street Name, City, State, Zip)

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Number, Street Name, City, State, Zip)

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Number, Street Name, City, State, Zip)

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Number, Street Name, City, State, Zip)

Phone Number: \_\_\_\_\_

*Note: Attach a detailed summary of experience (Including Employment Dates) and a job description on a separate sheet of paper.*

11. Prior registration as a sanitarian

Are you registered (or licensed) as a sanitarian in any other state or country?  
State or Licensing Jurisdiction: \_\_\_\_\_

Yes  No

Certificate/License Number: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Are you currently certified by NEHA as an REHS/RS?  
**If Yes, attach proof.**

Yes  No

12. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state?

Yes  No

**If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.**

**This does not include your driver's license**

13. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes  No

**If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.**

**See instructions sheet for more information**

14. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Sanitarians Act, Texas Occupations Code, Chapters 1953 and 51, and 16 Texas Administrative Code, Chapter 119. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## SANITARIAN EXPERIENCE VERIFICATION FORM

Copy Page if Additional Blank Pages are Needed

**Be sure to use a separate form** for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document the two (2) years of experience (not less than 32 hours per week).

### 1. Applicant Information

Name: (please print)

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Phone Number:

(include the area code) \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

### 2. THE PERSON CERTIFYING TO HIS/HER KNOWLEDGE OF THE EXPERIENCE OF THE INDIVIDUAL ABOVE SHALL COMPLETE THE INFORMATION BELOW

I, \_\_\_\_\_, certify that I have employed  
(Employer)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Applicant) (Month/Day/Year) (Month/Day/Year)

and that I know of my own knowledge that said person was employed as follows and that his/her regularly assigned duties included work as a sanitarian:

3. Employer Name: \_\_\_\_\_ 4. Phone Number: \_\_\_\_\_  
Area Code Number

4. Employer Address: \_\_\_\_\_  
(Number, Street Name/Apartment Number, City, State, Zip)

5. Briefly describe job responsibilities: \_\_\_\_\_

6. Job Title: \_\_\_\_\_

7. Check the type of establishment or office in which work is/was performed:

- City Employment     County     State     Agency
- Other, specify: \_\_\_\_\_

8. Total number of hours per week applicant worked in the above duties: \_\_\_\_\_

9. Other pertinent information: \_\_\_\_\_

### 10. EMPLOYER STATEMENT

I certify under penalty of perjury that the information submitted is true and correct.

\_\_\_\_\_  
Signature of Employer Date