

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
SANITARIAN REGISTRATION PROGRAM MC-2003

P.O. Box 149347

Austin, Texas 78714-9347

TO RENEW YOUR REGISTRATION, YOU MUST RETURN THIS DOCUMENT WITH THE APPROPRIATE FEE.

Do not submit this renewal form more than two (2) months prior to your expiration date.

RE: Professional Sanitarian Renewal - Registration Expires: _____

Name: _____

First

Middle

Last

REGISTRATION NUMBER: RS# _____

EXPIRATION DATE: _____

AMOUNT DUE: \$ 158.00 (two year term)

DATE DUE: Immediately upon receipt. Must be postmarked by expiration date to avoid a \$75 late fee. If renewing late, renewal fee, \$75 late fee and renewal form must be postmarked within one year of expiration date, or registration will lapse and no longer be renewed.

***Note: New legislatively mandated fees to be assessed starting on January 1, 2004. Recent legislation (HB 2985, 78th Regular Session, 2003) requires the regulatory boards and programs of the DSHS Professional Licensing and Certification Unit, along with other Texas health licensing boards, to assess and collect fees to fund the Office of Patient Protection within the Texas Health Professions Council. Effective January 1, 2004, there is an additional \$5.00 fee for each new application for licensure/registration/certification and an additional \$1.00 fee per year for each license/registration/certificate renewal.

Please supply the following information. Be sure to mark your preferred mailing address. This address will be used to mail your renewal notice and registration card each year, for informational mailings, and notices of rule amendments or changes. This address will also be posted on the Internet and provided to anyone requesting a roster of registrants.

Home Address (may be a P.O. box): Is this your preferred mailing address? () YES () NO

Phone: _____

Employment Address: Is this your preferred mailing address? () YES () NO

Phone: _____

Did you complete the required 24 hours of approved continuing education? () YES () NO

If yes, list the number of hours you completed: _____

*****If NO, you are NOT eligible to renew until you complete the required hours. If you are selected for a continuing education AUDIT, you must send in proof of your completed hours.*****

Have you been convicted of a felony or misdemeanor within the last 24 months? () YES () NO

If YES, provide Charge(s), Date(s), and Explanation. Failure to disclose criminal history may jeopardize your renewal.

Signature: _____ Date: _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.00)