



**Texas Department of State Health Services
Professional Licensing and Certification Unit
Sanitarian Registration Program**

Mail Code 2003, P.O. Box 149347
Austin, Texas 78714-9347
(512) 834-4517

Budget: ZZ103
Fund: 151

Sanitarian-In-Training Upgrade to Registered Sanitarian Form

- Upgrade to Professional Sanitarian - \$95 Fee

PHOTOCOPY IF ADDITIONAL COPIES 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 two years of experience.

Name of Applicant: _____

Address of Applicant: _____
(Street No. or Box) (City) (State) (Zip)

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) (Applicant)
from _____ to _____ and that I know of my own knowledge that said person was employed as follows
(Month/Day/Year) (Month/Day/Year)
and that his/her regularly assigned duties included work as a sanitarian-in-training:

1. Name and Address of Employer: _____

2. Briefly describe job responsibilities: _____

3. Job Title: _____

4. Check type of establishment or office in which work is/was performed:
 City Employment County State Agency
 Other, specify: _____

5. Total number of hours per week applicant worked in the above duties: _____

6. Other pertinent information: _____

On this _____ day of _____, 20____, in _____, _____
(City) (State)

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

STATE OF TEXAS ()
COUNTY OF () _____
Signature of Employer

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary's Signature

NOTARY SEAL



**Texas Department of State Health Services
Professional Licensing and Certification Unit
Sanitarian Registration Program**

Mail Code 2003, P.O. Box 149347
Austin, Texas 78714-9347
(512) 834-4517

Budget: ZZ103
Fund: 151

Send Upgrade Form and Fee to the following Address:

Sanitarian Registration Program
Mail Code 2003
P.O. Box 149347
Austin, Texas 78714-9347
www.dshs.state.tx.us/sanitarian
(512) 834-4517