



# SANITARIAN-IN-TRAINING SUPERVISION FORM



PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

Use a separate form for each organization or institution where the experience is gained. As a Sanitarian-in-Training, you will need to document two years of experience to upgrade to a sanitarian. Use this form if you have less than 2 years of experience.

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 am the employer of \_\_\_\_\_  
(Employer's Name) (Applicant's Name)  
from \_\_\_\_\_ to \_\_\_\_\_, and I know of my own knowledge that the said person  
(Month/Day/Year) (Month/Day/Year or Present)  
was/is employed as follows and that his/her regularly assigned duties include/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

**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 552.021, 552.023, 559.003 and 559.004)