

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

P.O. Box 2057 ● Baltimore Maryland 21203-2057

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(410) 537-3168 (fax)

## MARYLAND STATE BOARD OF ENVIRONMENTAL SANITARIANS

### APPLICATION FOR A SANITARIAN LICENSE

**INSTRUCTIONS:** All applicants must complete sections 1, 2, 4 and 5. Applicants with previous experience in environmental health experience, current license, or requesting reciprocity (an examination waiver) must complete all Sections. **Send the completed application with a non-refundable application fee of \$50.00 to the:** Board of Environmental Sanitarians, P.O. Box 2057, Baltimore, MD 21203-2057 (TTY Users 1-800-735-2258)

#### Section 1 GENERAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

If any of the records sent to the Board (College transcripts, etc.) will be under a different name, please give that name here:

Mailing Address \_\_\_\_\_  
(Number and Street)

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

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Telephone Numbers \_\_\_\_\_  
(Home) (Cell) (Business)

**Section 2 EDUCATIONAL BACKGROUND:** The applicant's educational background must be verified by official transcripts sent directly from the college or university to the Board. Applicants who graduated from an educational institution outside of the United States must have the original transcript translated to English and the credits converted to equivalent American academic credits. This conversion must be performed by an accredited or nationally recognized service. Please contact the Board staff for additional information. Entry of the institutions below is to only inventory transcripts.

College or University Attended	Degree (s) Earned and Date (s)	Foreign Institution (Check, if applicable)
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>

(List additional colleges on an additional sheet of paper if necessary)

#### Section 3 WAIVER REQUEST

- I am requesting Board approval based upon my previous environmental sanitarian experience to (CHECK ONLY ONE);
  - To **reduce** the required Sanitarian In Training period before examination and licensure; or
  - To **waive** the required Sanitarian In Training period before examination and licensure; or
  - To request license **reciprocity with an examination waiver**.

**AOBJ: 5559**

If requesting **RECIPROCITY with an exam waiver, provide OFFICIAL COPIES of the following documents as they apply.**

1. CURRENT Practice credentials to include:
  - a. Your **current** state issued registered sanitarian license,
  - b. Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) from the National Environmental Health Association (NEHA), or
  - c. Other nationally recognized professional credentials supportive of your request for licensure.
2. Examination results showing a score of 70% or above on:
  - a. The Professional Examination Service (PES) Registered Sanitarian (RS) examinations.
  - b. the NEHA Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS),
  - c. A state generated standard examination with no less than 200 questions.
3. Academic transcripts from all institutions attended (whether you graduated or not).

**VERIFICATION OF QUALIFIED EXPERIENCE:**

Any applicant who wishes to have relevant experience considered by the Board must have this experience verified in accordance with *COMAR 26.07.02.01C* which states “an applicant for a license who claims experience as an environmental sanitarian shall have three reference letters submitted directly to the Board from the applicant’s current or previous employers or supervisors describing the nature and duration of the applicant’s experience.”.

If you wish to have past experience verified:

- **Please provide three reference letters** which include the name, address, phone number and Email address from your current or previous employer/supervisor(s). The letter should describe the nature and duration of your environmental health experience.
- Please provide a Curriculum Vitae (CV) or Resume with your complete professional history. .

**Section 4** Please answer "Yes" or "No" to the questions asked below and attach a written explanation for any "Yes" answer. Answering "Yes" to a question will not necessarily cause the Board to reject your application.

- \_\_\_ 1. Has any State or licensing or disciplinary board, or a comparable body in the Armed Forces, denied your application for a license, or to reinstate or renew a license, or taken any action against your license, including, but not limited to reprimand, suspension or revocation?
- \_\_\_ 2. Are there any outstanding complaints, investigations or charges pending against you in any state, by any licensing or disciplinary board, or by a comparable body in the Armed Forces?
- \_\_\_ 3. Have you been convicted of, or pled guilty or nolo contendere (“no contest”) to:  
\_\_\_A. A felony or a crime involving moral turpitude (whether or not any appeal or other proceeding is pending to the conviction or plea set aside); or  
\_\_\_B. being under the influence of alcohol or using any narcotic or dangerous substance as defined in Article 27, Annotated Code of Maryland, or other drug that is in excess of therapeutic amounts or without valid medical indication?
- \_\_\_ 4. Have the conditions of your employment been affected by any voluntary or involuntary termination of employment, suspension or probation for any reason related to your practice?
- \_\_\_ 5. Has a malpractice suit claim for damages been settled or awarded against you?
- \_\_\_ 6. Have you been found to be professionally, mentally or physically incompetent?
- \_\_\_ 7. You will not engage in prohibited acts as outlined in the Sanitarian [Code of Ethics](#) contained in COMAR 26.07.05.02
- \_\_\_ 8. I will comply with the policies and procedures established by the Annotated Code, COMAR, and the Board.

**Section 5** **APPLICANT’S STATEMENT**

I hereby affirm that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that:

- A. My application will be disapproved if an investigation at any time discloses any misrepresentation or falsification.
- B. According to Maryland Regulations for Environmental Sanitarians:
  1. The Sanitarian In Training certificate, authorizing an individual to practice as an environmental sanitarian while under a training program, expires 3 years (36 months after the certificate effective date); and
  2. An individual may not practice as an environmental sanitarian in Maryland without obtaining a license from the Board (COMAR 26.07.01.02).

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant’s Signature)

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