

Michigan Department of Licensing and Regulatory Affairs

Board of Sanitarians

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense

SANITARIAN REGISTRATION INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Sanitarians. Questions regarding your application can be directed to the Michigan Board of Sanitarians at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

INSTRUCTIONS FOR REGISTRATION BY EXAMINATION

1. Please mark the appropriate type of registration for which you are applying. Read all instructions carefully and answer all questions on the application. Failure to correctly complete the application in its entirety may result in a delay in processing your application.
2. Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
3. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any purpose. Your license or registration will not be issued until this process is complete.
4. You must document at least 3 years of experience in the field of environmental health on page 2 of the application. If you have a master's degree in an environmental health related field, you must document the completion of 2 years of experience. If you have a doctorate degree in an environmental health related field, you must document 1 year of experience.
5. If you currently hold the National Environmental Health Association (NEHA) Registered Sanitarian credential, please contact NEHA at (303) 756-9090 ext. 339 or by e-mail at staff@neha.org to have verification of this credential sent to our office. This is the only documentation you will be required to provide regarding your education and examination history.
6. If you do not hold the NEHA credential, authorize your educational institution to forward a final, official transcript directly to this office. The transcript must show the degree earned and date conferred.
7. The Transcript Translator form (attached) must be completed if your degree is NOT in Environmental Health. Copies of course descriptions must be submitted for each class listed on the Transcript Translator. In order for courses to be accepted, they must be offered through an accredited college or university. Continuing education courses and seminars are not accepted.
8. You must pass the National Environmental Health Association (NEHA) national examination in order to become registered as a Sanitarian in Michigan. Information about taking the NEHA exam in Michigan will be posted on our website at www.michigan.gov/healthlicense as soon as it becomes available.

9. If you have taken the National Environmental Health Association (NEHA) national examination, you must arrange to have your scores forwarded directly to this office. NEHA scores may be obtained by contacting NEHA at (303) 756-9090 or by email at staff@neha.org. Information about taking the NEHA examination is available at www.neha.org.

INSTRUCTIONS FOR REGISTRATION BY ENDORSEMENT: (you must be currently licensed or registered as a sanitarian in another state.)

1. Please mark the appropriate type of registration for which you are applying. Read all instructions carefully and answer all questions on the application. Failure to correctly complete the application in its entirety may result in a delay in processing your application.
2. Your check or money order drawn on a U.S. Financial Institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
3. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any purpose. Your license or registration will not be issued until this process is complete.
4. You must document at least 3 years of experience in the field of environmental health on page 2 of the application. If you have a master's degree in an environmental health related field, you must document the completion of 2 years of experience. If you have a doctorate degree in an environmental health related field, you must document 1 year of experience.
5. If you currently hold the National Environmental Health Association (NEHA) Registered Sanitarian credential, please contact NEHA at (303) 756-9090 ext. 339 or by e-mail at staff@neha.org to have verification of this credential sent to our office. This is the only documentation you will be required to provide regarding your education and examination history.
6. If you do not hold the NEHA credential, authorize your educational institution to forward a final, official transcript directly to this office. The transcript must show the degree earned and date conferred.
7. The Transcript Translator form (attached) must be completed if your degree is NOT in Environmental Health. Copies of course descriptions must be submitted for each class listed on the Transcript Translator. In order for courses to be accepted, they must be offered through an accredited college or university. Continuing education courses and seminars are not accepted.
8. Complete PART I of the Verification of Licensure form and forward to EACH state where you hold or have ever held a license, certificate, registration, or approval to practice as a sanitarian. PART II will be completed by the state-licensing agency. Licensing agencies may charge a fee for this service, so you may wish to contact them before forwarding the form. You may copy this form as needed. The form must be returned directly to this office by the licensing agency.
9. If you have taken the national examination (either the PES or NEHA) in another state, you must arrange to have your scores forwarded directly to this office. PES may be contacted at (212) 367-4342; NEHA scores may be obtained by contacting NEHA at (303) 756-9090 ext. 339 or by email at staff@neha.org.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Sanitarians in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Sanitarians in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
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STEVEN H HILFINGER
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**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

Board of Sanitarians

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 Lansing, MI 48909
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 www.michigan.gov/healthlicense

APPLICATION FOR REGISTRATION AS A SANITARIAN

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- Registration by Examination Fee: \$80.00 71-6701-01
- Registration by Endorsement Fee: \$80.00 71-6701-09
 (Must Currently be Registered in another State)

Board Use Only
License Number
Date of Licensure

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-Mail Address
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes	Michigan Health Professional Permanent I.D./License Number and Expiration Date	

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state sanitarian license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

9. Have you ever been refused the privilege to practice professionally for any reason by any licensure, registration, or certification board or agency? Yes No
10. Do you hold or have you ever held a sanitarian license in any state? If so, list each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** Yes No

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance		Degree
	From	To	

Provide a description of your professional sanitarian experience. Attach additional sheets if necessary.

Name and address of Employer	Dates of Employment		Duties
	From	To	

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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Board of Sanitarians

P.O. Box 30670

Lansing, MI 48909

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www.michigan.gov/healthlicense

TRANSCRIPT TRANSLATOR

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued

Instructions: If you do not hold a NEHA certification and your degree is NOT a degree in Environmental Health, you must complete this form in order to become registered in Michigan. Please type or print your name exactly as it appears on your application.

First Name	Middle Name	Last Name
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Please indicate which courses fulfill the following requirements and submit photocopies of course descriptions for each course listed. You must have a total of 15 semester hours (or equivalent) in Chemistry, Physics, and Biology with at least 3 semester hours (or equivalent) in each.

CHEMISTRY: (Organic, inorganic, biochemistry, nuclear chemistry) Minimum of 3 semester hours (or equivalent)			
Course Numbers			
PHYSICS: (Mechanics, heat, light, sound, magnetism, electricity, modern physics) Minimum of 3 semester hours (or equivalent)			
Course Numbers			
BIOLOGY: (Zoology, human physiology, ecology) Minimum of 3 semester hours (or equivalent)			
Course Numbers			
ENTER COURSE NUMBERS: You must have a minimum of 40 semester hours (or equivalent) of academic credit in the following areas:			
MICROBIOLOGY			
BIOSTATISTICS			
EPIDEMIOLOGY			
COMMUNITY HEALTH EDUCATION			
PUBLIC HEALTH ORGANIZATION AND ADMINISTRATION			
ENVIRONMENTAL HEALTH			
FIELD EXPERIENCE			

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board