



Montana Board of Sanitarians

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Helena, MT 59620-0513
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Licensing Requirements and Application Checklist Sanitarian In Training

License Requirements for Sanitarian In Training

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. A sanitarian-in-training must work under the supervision of a licensed sanitarian. – [[ARM 24.216.506](#)]
2. Applicant must hold a bachelor's degree, and including a minimum of 45 quarter or 30 semester hours in the physical and biological sciences, including courses in chemistry, biology– [[ARM 24.216.502](#)]

Checklist of Required Documents to Submit for Application for Sanitarian In Training

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type
- If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).
- Applicants must provide official transcripts

Application Fee(s) for Sanitarian In Training

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or bank account. If you submit a paper application you must submit a check or money order. Do not mail cash.

- \$200 application fee

You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

13) Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action?	Yes	No
14) Has a complaint ever been made against you with a professional or occupational licensing agency?	Yes	No
15) Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee?	Yes	No
16) Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.	Yes	No
17) Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program?	Yes	No
18) Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public?	Yes	No
19) Have you ever been court-martialed or discharged other than honorably from any branch of the armed service?	Yes	No
20) Have you ever been denied the privilege of taking an examination required for any professional or occupational license?	Yes	No
21) Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program?	Yes	No
22) Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source	Yes	No

23) Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source	Yes No
24) Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.	Yes No
25) Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances?	Yes No
26) Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source.	Yes No

PREVIOUS LICENSURE:

Indicate below any professional or occupational license(s) that have been issued to you from this Agency. Do not include driver's license, hunting license, etc.

Have you ever been licensed in Montana?

Yes	No	License type	License number

I have read and understand the statutes and rules of the Montana Board of Sanitarians	Yes No
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EDUCATION DOCUMENTS:

Do you have a National Environmental Health Association Registration (NEHA)?	Yes No
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Have you completed a microbiology course?	Yes No
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GRADUATE WORK: List only work done following college graduation:

School	Location	Dates attended	Credits rec'd	Major subject	Major hours	Minor subject	Minor hours	Degree rec'd (if any)	Date of degree

FIELD TRAINING OR SHORT COURSES: Support with a transcript or record secured from and certified by an officer of the institution.

Name of Institution	Courses pursued	Dates	Completed YES	Completed NO

LICENSE VERIFICATION DOCUMENTS:

Indicate below all professional licenses you hold or have ever held in another state/province/territory. A verification of licensure form must be completed and sent directly to Montana from each state/province/territory.

State	Other Jurisdiction	License Type	Verification Requested	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Board of Sanitarians.

I hereby declare the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

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SANITARIAN IN TRAINING SUPERVISION PLAN

INSTRUCTIONS: The sanitarian in training (SIT) applicant must submit a supervision plan along with their application to become an SIT. An SIT must work under the supervision of a licensed sanitarian. The supervising sanitarian must file quarterly reports with the board regarding the status and progress of the SIT. Supervision for purposes of this rule means the availability of a licensed sanitarian for purposes of immediate communication and consultation on a weekly and as needed basis as identified in the approved plan of supervision.

PART 1: Identify the name of the SIT applicant, the supervisor, and the alternate supervisor in the spaces provided below.

SIT applicant information

Name: _____
Mailing address: _____
Telephone number and email: _____

Supervising sanitarian information

Name and license #: _____
Mailing address: _____
Telephone number and email: _____

Alternate supervising sanitarian information

Name and license #: _____
Mailing address: _____
Telephone number and email: _____

PART 2: Provide a written description of the plan of supervision including an estimate of the amount of time of supervision and hours of training will be provided each month. Add additional pages if necessary.

Applicant signature: _____

Supervisor signature: _____