



# Montana Department of LABOR & INDUSTRY

Steve Bullock, Governor  
Pam Bucy, Commissioner

**Business Standards Division**  
Todd Younkin, Administrator

---

**MONTANA BOARD OF SANITARIANS**  
301 S PARK AVE, 4<sup>TH</sup> FLOOR  
PO BOX 200513, HELENA MT 59620-0513  
PHONE: (406) 841-2202

Email: [dlibsdsan@mt.gov](mailto:dlibsdsan@mt.gov) website: [www.sanitarian.mt.gov](http://www.sanitarian.mt.gov)

## **SANITARIAN APPLICATION**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. ANSWER ALL QUESTIONS TRUTHFULLY AND HONESTLY.

### **LICENSE REQUIREMENTS:**

Applicants for licensure must:

- Pay a **\$200 non-refundable fee**.
- Have a minimum of a Bachelor's degree in environmental health or its equivalent from an accredited university or college.
- A minimum of 45 quarter hours or 30 semester hours in the physical and biological health sciences including courses in chemistry, microbiology and biology.
- Must have taken a microbiology course. If not, applicants must apply as a sanitarian-in-training until they meet the requirement. A sanitarian in training license is valid for 1 year.
- Must submit a completed application form, all supporting documentation, and appropriate fees.

### **EXAM:**

- Applicants must pass an examination approved by the board prior to licensure. Applicants must pay the examination fee and make arrangements to take the examination approved by the board. Examination candidates are responsible for complying with any requirements of the testing agency.

### **DOCUMENTS:**

All documents not in English must be accompanied by certified translations. The following documents must be submitted to the board office in order to complete your license application. Please make 8 ½" by 11" (where applicable) copies of the following and submit with your application:

- Official transcripts from an education institution sent directly to the Board of Sanitarians.
- Application fee in the amount of \$200. Make check or money order payable to the Board of Sanitarians. Do not pay cash.
- If currently or previously licensed in another state of jurisdiction, a license verification/history must be sent to this office from those states or jurisdictions.

### **APPLICATION PROCEDURES:**

- When a routine application is complete, it will be processed and considered by department staff for licensure. The applicant will be notified if additional information is required. Once a routine

application is processed and approved, and the applicant has received a passing grade on the exam, a license will be issued.

- When an application is considered non-routine, there may be a delay in processing. An applicant may be requested to provide additional information, or make a personal appearance before the board. Non routine applications may take up to 120 days to process once the application is complete.
- Keep the department informed at all times of any address, name, phone number, or email change. Keep the department informed of any change in license status, complaints, or proposed disciplinary action.

**REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE ON OUR WEBSITE: [www.sanitarian.mt.gov](http://www.sanitarian.mt.gov)**

**MONTANA BOARD OF SANITARIANS**  
**301 South Park Avenue, 4th Floor**  
**PO Box 200513**  
**Helena, Montana 59620-0513**  
Phone: (406) 841-2202 Fax: (406) 841-2305  
Email: [dlibsdsan@mt.gov](mailto:dlibsdsan@mt.gov) Website: [www.sanitarian.mt.gov](http://www.sanitarian.mt.gov)

**SANITARIAN APPLICATION**

Allow 14 days from the date the board receives a complete routine application for licensure.

- 1) SALUTATION: \_\_\_\_\_ (Dr., Mr., Mrs. or Ms.)
- 2) FULL NAME: \_\_\_\_\_  
First Middle Last
- 3) SOCIAL SECURITY NUMBER: \_\_\_\_\_ AKA: \_\_\_\_\_ SUFFIX: \_\_\_\_\_  
(Also Known As) (I, II, III, IV, Jr., Sr.)
- 4) DATE OF BIRTH: \_\_\_\_\_ GENDER:  MALE  FEMALE
- 5) CONTACT INFORMATION: \_\_\_\_\_  
Street or PO Box #  
\_\_\_\_\_  
City State Zip Code
- 6) TELEPHONE: MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ FAX: \_\_\_\_\_
- 7) PREFERRED METHOD OF CONTACT (Check one):  POSTAL MAIL  E-MAIL \_\_\_\_\_
- 8) METHOD:  EXAM  CREDENTIAL  
*If you currently hold this license type in another state/jurisdiction/territory, select "Credential". If this is your first time applying for this license type, select "Exam".*

**DISCIPLINARY QUESTIONS:**

*If you answer "Yes" to any of the following questions, you must submit a detailed explanation, copies of the document that initiated each action, and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license*

9) Have you ever had an application for a professional or occupational License refused or denied?	Yes	No
10) Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application?	Yes	No
11) Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held?	Yes	No

12) 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
13) Has a complaint ever been made against you with a professional or occupational licensing agency?	Yes	No
14) Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee?	Yes	No
15) 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
16) 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
17) Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public?	Yes	No
18) Have you ever been court-martialed or discharged other than honorably from any branch of the armed service?	Yes	No
19) Have you ever been denied the privilege of taking an examination required for any professional or occupational license?	Yes	No
20) Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program?	Yes	No
21) 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

22) 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	Yes No
23) 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
24) 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
25) 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	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
---	--------

**EDUCATION DOCUMENTS:**

Do you hold a current REHS/RS credential from the National Environmental Health Association (NEHA)? If yes, provide a copy of your credential.	Yes No
--	--------

Have you completed a microbiology course?	Yes No
---	--------



**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

**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