



Montana Sanitarian Program

PO Box 200513
301 S Park, 4th Floor
Helena, MT 59620-0513
Phone: (406) 444-6880

Email: dlibsdhhelp@mt.gov Website: www.sanitarian.mt.gov

Licensing Requirements and Application Checklist Registered Sanitarian

License Requirements for Registered Sanitarian

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

1. An applicant must have a minimum of a bachelor's degree in environmental health or its equivalent from an accredited university or college – [[MCA 37-40-302](#), [ARM, 23.216.502](#)]
2. The Department may accept graduation from an accredited college or university with 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, and at least one general microbiology course as an equivalent qualification of a bachelor's degree in environmental health – [[MCA 37-40-302](#), [ARM 23.216.502](#)]
3. All applicants must pass the NEHA examination – [[ARM 24.216.503](#)]

Checklist of Required Documents to Submit for Application for Registered Sanitarian

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 Department 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 demonstrating a bachelor's degree in environmental health or its equivalent from an accredited university or college.
- Applicants must provide certification of passing the NEHA examination

Application Fee(s) for Registered Sanitarian

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.

Montana Sanitarian Program
301 S Park Avenue, 4th Floor
PO Box 200513
Helena, Montana 59620-0513
 Phone: (406) 444-6880 Fax: (406) 841-2305
 Email: dlibsdhhelp@mt.gov Website: www.sanitarian.mt.gov

SANITARIAN APPLICATION

1. FULL NAME: _____
First Middle Last

2. SOCIAL SECURITY NUMBER: _____ AKA: _____ SUFFIX: _____
(Also Known As) (I,II,III,IV,Jr.,Sr.)

3. DATE OF BIRTH: _____ GENDER: MALE FEMALE

Street or PO Box #

_____ City State Zip Code

5. TELEPHONE: MOBILE: _____ HOME: _____ WORK: _____ FAX: _____

6. PREFERRED METHOD OF CONTACT: POSTAL MAIL E-MAIL _____

7. 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".

8. PROFESSIONAL LICENSES:

List all professional licenses you hold or ever have held. License verification must be sent directly to Montana from each state/province/territory.

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification
						Yes No
						Yes No
						Yes No
						Yes No

9. 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
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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

10. 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:

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS:

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|--|-----|----|
| 11. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 12. Have you ever surrendered a credential like those listed in number 11, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 13. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 14. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 15. Have you ever withdrawn an application for any professional license? | Yes | No |
| 16. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 17. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |
| "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally. | | |
| 18. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 19. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| The following information is provided for Question 20 below:
A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website. | | |
| 20. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended in any state, federal, tribal, or foreign jurisdiction? You are not required to report arrests that did not result in the above outcomes. You are not required to report convictions you received when you were under 18, unless you were treated as an adult when convicted. You are not required to report misdemeanor driving violations, including driving under the influence, if you were sentenced more than five years before the submission date of this application: | Yes | No |
| 21. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 22. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 23. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 24. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | 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 Sanitarian Program.

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 _____