



## Montana Board of Sanitarians

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

Email: [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov) Website: [www.sanitarian.mt.gov](http://www.sanitarian.mt.gov)

## 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.

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**SANITARIAN IN TRAINING 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
4. CONTACT INFORMATION: \_\_\_\_\_  
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

**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

**9. EDUCATION DOCUMENTS:**

Do you have a National Environmental Health Association Registration (NEHA)?  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

**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

**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:

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 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. 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: \_\_\_\_\_