

MONTANA BOARD OF SANITARIANS
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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: _____