



# 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 IN TRAINING APPLICATION**

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

**LICENSE REQUIREMENTS:** A sanitarian in training application is valid for a period of **one** year. Applicants for licensure must:

- Pay a **\$200 non-refundable fee**.
- Possess a BA degree in environmental health or its equivalent including a minimum of 45 quarter hours or 30 semester hours in the physical and biological health sciences including courses in chemistry, microbiology and biology.
- If applicant does not have the required microbiology course, applicants may take the course while licensed as a sanitarian in training.
- 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.
- The exam is scheduled through a vendor; 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:

- Office transcripts from an education institution
- Application fee in the amount of \$200. Make check or money order payable to the Board of Sanitarians. Do not pay cash.
- A sanitarian in training must work under the supervision of a licensed sanitarian. The supervising sanitarian must submit a plan for supervision for approval by the board.
- The supervising sanitarian must file quarterly reports with the board regarding the status and progress of the sanitarian in training.
- 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 permanent 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 application 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 changes. Keep the department informed of changes in license status and 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)**



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

**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: \_\_\_\_\_

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**SANITARIAN IN TRAINING (SIT) QUARTERLY REPORT**

The supervisor of the SIT must provide quarterly reports to the board indicating the status and progress of the SIT.

Name of SIT: \_\_\_\_\_  
 First Quarter       Second Quarter       Third Quarter       Fourth Quarter

Provide an estimate of the number of hours of training provided each month of the quarter indicated above.

	1 <sup>st</sup> month	2 <sup>nd</sup> month	3 <sup>rd</sup> month
Food service			
Public accommodations			
Food processing			
Trailer courts			
Campgrounds			
Day care centers			
Schools			
Swimming pools and spas			
Air pollution			
Solid and hazardous waste			
Sewage treatment and disposal			
Vector control			
Underground storage tanks			
Drinking water			
Land subdivision			
Milk sanitation			

Indicate the number of hours spent this quarter instructing the SIT on:

- State & local regulations applicable to local government jurisdictions and programs: \_\_\_\_\_
- Cooperation with government agencies on matters of public and environmental health, including epidemiological investigations and emergency response to investigations: \_\_\_\_\_
- Providing educational and training programs in environmental standards and public health: \_\_\_\_\_

Signature of supervising Sanitarian: \_\_\_\_\_  
 License number: \_\_\_\_\_ Date: \_\_\_\_\_