



Creating  
a State  
of Health

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

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## PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST Reinstatement of Registration Application

*This form is ONLY for Full registrants expired past March 1 (of year following expiration) renewal deadline.*

**Please select the registration(s) you wish to reinstate:**

Sanitarian (RPS)                       Environmental Specialist (RPES)                       Both RPS/RPES

**ALL REINSTATEMENT APPLICATIONS REQUIRE:**

Proof of Passing Exam Score on File<sup>1</sup>                       Application Fee (Payable to OSDH)  
 Completed Reinstatement Application                       Proof of 12 CEU Hours in the Past Two (2) Years

<sup>1</sup>A former registrant whose certificate was issued without examination shall NOT be eligible for reinstatement, but may be issued a new registration upon passing the sanitarian examination.

**FEE CALCULATOR:**

# of years late	x	\$25 Registration + \$10 late fee	+	Reinstatement fee	=	Total fee due
		\$35		\$10		\$

*If applying for BOTH registrations, DOUBLE the above amount.*

**PLEASE PRINT CLEARLY OR TYPE:**

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Division/Title: \_\_\_\_\_  
Registration No.: \_\_\_\_\_ Date Registration Expired: \_\_\_\_\_

**I HEREBY CERTIFY** that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the register, and I may be disqualified from applying in the future for registration by the Commissioner of Health.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[THIS SPACE FOR OSDH OFFICE USE ONLY]

DATE APPLICATION RECEIVED: \_\_\_\_\_  
DATE FEE RECEIVED/AMOUNT: \_\_\_\_\_  
DATE APPROVED/PROCESSED: \_\_\_\_\_  
REGISTRATION NO. ASSIGNED: \_\_\_\_\_