



Arizona Sanitarians' Council

Sanitarian Registration Renewal Application

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Sanitarian registration renewal applications and a \$10.00 renewal fee are due to the Arizona Sanitarians' Council by December 31st of each calendar year. A grace period is provided for the submittal of renewal applications and renewal fees until February 15th of the next calendar year. **A minimum of 12 hours of continuing education is required by December 31st of each year and is not subject to the grace period.** There are several opportunities for sanitarians registered in Arizona to obtain their [continuing education](#) each year.

A registered sanitarian that has been registered for less than 12 months is not required to obtain continuing education for renewal of registration. A registered sanitarian may submit, with this renewal application, a request to defer the 12 hours of continuing education for renewal of registration that includes written documentation of the registered sanitarian's illness or active military duty for at least six months of the preceding 12 months that prevented the registered sanitarian from completing the continuing education requirement. The Sanitarians' Council reviews for approval all requests for deferral.

Applications post-marked after the February 15th deadline will not be accepted and will result in the expiration of the sanitarian registration. To reinstate an expired registration, you must submit an applicant must submit a new [registration application](#), meet the sanitarian examination [eligibility requirements](#), pass the sanitarian examination, and submit all application and examination fees.

Please submit this completed application and a \$10.00 renewal fee in the form of a check or money order made payable to the *Treasurer – State of Arizona* to:

**Arizona Sanitarians' Council
150 North 18th Avenue, Suite 140
Phoenix, Arizona 85007**

CURRENT INFORMATION:

Please correct any of the following information for our records.

APPLICANT INFORMATION				
NAME	Last:	MI:	First:	
CURRENT ADDRESS	Street:	City:	State:	Zip:
CONTACT INFORMATION	Telephone #:	Email address:		
OTHER	Arizona Registered Sanitarian #:			

REQUIRED QUESTIONS:

Please select the applicable box for each of the questions below. If you select "yes" in response to any of the questions below, you will need to provide additional information.

1. Have you had an application for a registration, license, or certificate related to the practice of a sanitarian denied or rejected by any state or jurisdiction? <input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If yes, please list the 1) reason for denial or rejection; 2) date of denial or rejection; and 3) name and address of the professional licensing agency that denied or rejected the application.</i>
2. Have you ever had a registration, license, or certificate related to the practice of a sanitarian suspended or revoked by any state or jurisdiction or entered into a consent agreement with a state or jurisdiction? <input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If yes, please list the 1) reason for suspension or revocation or consent agreement; 2) date of the suspension or revocation or consent agreement; and 3) name and address of the state or jurisdiction that suspended or revoked the registration, license, or certificate, or issued the consent agreement.</i>
3. Have you ever been named as a defendant in a civil/malpractice case resulting from your employment as a sanitarian? <input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If yes, please explain the circumstances.</i>

DOCUMENTATION / DESCRIPTION OF CONTINUING EDUCATION (CE):

Please list and describe your 12 hours of continuing education below.

Course/Training Name:	Description of CE Content:	Name of Person/Organization Providing CE:	Date(s) CE Completed:	Total CE Hours:

Optional: To facilitate processing and verification of your continuing education hours, please attach copies of any supporting documentation (i.e. certificate of attendance, course completion confirmation, report cards, etc...).

I hereby swear that the information in this application is truthful.

Signature _____ **Date** _____