



***Division of Public Health Services***

*Office of the Assistant Director  
Public Health Preparedness Services*

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JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, DIRECTOR

**The Arizona Sanitarians' Council**

***Application for Sanitarian Registration Renewal - 2011***

Your application for annual sanitarian registration renewal and a \$10.00 renewal fee is due to the Arizona Sanitarians' Council by December 31<sup>st</sup> of each calendar year. A grace period is provided until February 15<sup>th</sup> of the next calendar year. Arizona Administrative Code (A.A.C.) Title 9, Chapter 16, Article 4 states that sanitarian registration will lapse if your renewal application is submitted after February 15<sup>th</sup>. To reinstate a lapsed registration, you must submit a new registration application, meet the requirements of A.A.C. Title 9, Chapter 16, Article 4, pass the sanitarian examination, and submit all application and examination fees.

**Applications post-marked after February 15<sup>th</sup> will not be accepted.**

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 18<sup>th</sup> Avenue, Suite 130  
Phoenix, Arizona 85007-3245

Please correct any of the following information for our records:

Registered Sanitarian Number: \_\_\_\_\_

First Name, Middle Name, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

\*Contact Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\*This information is optional, however, if it is not supplied you may not receive information on current events.

**Please Answer The Following Questions:** (use additional blank pages if necessary)

1. Have you ever had a registration, license, or certificate related to your practice as a sanitarian suspended or revoked by any state or jurisdiction or entered into a consent agreement with a state or jurisdiction?  
**No**  **Yes**  If yes, please list the: 1) reason for suspension, revocation or consent agreement; 2) date of the suspension, 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.
2. Have you ever pled guilty to, been convicted of, or entered into a plea of no contest to a felony or misdemeanor that is related to your practice as a sanitarian since last registered in Arizona or in another state?  
**No**  **Yes**  If yes, please list the: 1) felony or misdemeanor; 2) date of conviction; 3) court having jurisdiction over the felony or misdemeanor.
3. Have you ever been named as a defendant in a malpractice case relating to employment as a sanitarian?  
**No**  **Yes**  If yes, please explain the circumstances of the malpractice case.
4. Have you included a legible copy of your legal residency documentation?  
**Yes**  **No**

**Documentation of Continuing Education required by R9-16-405(A) or (E):**

A registered sanitarian shall obtain 12 hours of council approved continuing education in each calendar year for renewal of registration. A registered sanitarian who has been registered for less than 12 months is not required to obtain council approved 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 Sanitarian's Council reviews for approval all requests for deferral. Failure to obtain the required continuing education in the prescribed time period or an approved deferral will result in a lapsed registration. Reinstatement of a lapsed registration is explained on page 1.

1. Description of the continuing education: \_\_\_\_\_
2. Name of person providing the continuing education: \_\_\_\_\_
3. Number of hours the sanitarian participated in the continuing education training: \_\_\_\_\_
4. Date the continuing education was completed: \_\_\_\_\_
5. Optional: to facilitate processing and verification of your continuing education hours, please attach copies of any supporting documentation, e.g., certificate of attendance, report cards, etc.

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

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