

LOUISIANA STATE BOARD OF EXAMINERS FOR SANITARIANS
Application for Temporary License

www.lsbes.org

(Please Print)

CONTACT INFORMATION

Name (Last, First, M.I.)	Last:	First:	M.I.:	
Mailing Address:	Street:	City:	State:	Zip Code:
Office Address:	Street:	City:	State:	Zip Code:
Phone Number(s):	Home:	Cell:	Office:	
Email Address:		Social Security Number:		
Sex: Female () Male ()				

COLLEGE OR UNIVERSITY

College:				
Location/Address:	Street:	City:	State:	Zip Code:
Attended from:	Month/Year:	TO:	Month/Year:	

DID YOU GRADUATE? YES () NO () Degree Received: _____

Major:	Minor:	Total Semester Hours:
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GRADUATE WORK

College:				
Location/Address:	Street:	City:	State:	Zip Code:
Attended from:	Month/Year:	TO:	Month/Year:	

DID YOU GRADUATE? YES () NO () Degree Received: _____

Major:	Minor:	Total Semester Hours:
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NOTE: An ORIGINAL, OFFICIAL transcript of college credits must be submitted to the Board by the Registrar of the College.

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PROFESSIONAL ASSOCIATION OR LICENSE

Are you a Registered Sanitarian? YES () NO ()

If yes, name and address of Registration Agency: _____

Have you ever taken a Louisiana Examination for a Sanitarian position? YES () NO ()

Date of Exam: _____ Results: _____

Where taken? _____

Professional associations of which you are a member:
1. _____
2. _____
3. _____
4. _____

List current Professional License(s) you hold; include name and address of Licensing Agency:
1. _____
2. _____
3. _____
4. _____

Have you ever been convicted of a felony? YES () NO ()

I CERTIFY THAT the answers I have given to each and all of the foregoing questions are true to the best of my knowledge. I know that any misrepresentation herein may cause my application to be rejected.

X

Signature

Date

Fee of twenty-five dollars (\$25.00) for the review of your transcript and issuance of temporary license must be submitted with this application. Please attach a current photo for files. NOTE: Fees are **NOT** refundable.

Make checks payable to: "Louisiana State Board of Examiners for Sanitarians"

Mail completed application, college transcript (**do NOT send photocopies/Xerox copies**), recent photo and check to:

Janet Merritt
La. State Board of Examiners for Sanitarians
7515 Jefferson Hwy., Box 161
Baton Rouge LA 70806

PLEASE NOTE: Once submitted, your application and all attachments become the permanent property of the Louisiana State Board of Examiners for Sanitarians. The applicant is responsible for keeping a copy prior to submission to this agency. We **CANNOT** make copies of applications or transcripts. **CONFIDENTIALITY:** If you prefer that your name & address information **NOT** be shared with other organizations (i.e., Louisiana Environmental Health Association); please initial here: _____

****COMPLETE AND SUBMIT THE EMPLOYEMENT RECORD ON THE NEXT PAGE****

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NAME: _____

EMPLOYMENT RECORD

Present or last position:			From:	To:
Place of Employment:	Parish:	City:	State:	Zip Code:
Name of Employer:				
Employer Address:	Street:	City:	State:	Zip Code:

Reason for leaving or changing employment:
Description of work:

(Use additional sheets, if necessary, see LSBES form 5.a)

Present or last position:			From:	To:
Place of Employment:	Parish:	City:	State:	Zip Code:
Name of Employer:				
Employer Address:	Street:	City:	State:	Zip Code:

Reason for leaving or changing employment:
Description of work:

(Use additional sheets, if necessary, see LSBES form 5.a)

Present or last position:			From:	To:
Place of Employment:	Parish:	City:	State:	Zip Code:
Name of Employer:				
Employer Address:	Street:	City:	State:	Zip Code:

Reason for leaving or changing employment:
Description of work:

(Use additional sheets, if necessary, see LSBES form 5.a)