

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:
--------	--------	-----------------------

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:
--------	--------	-----------------------

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

LOUISIANA STATE BOARD OF EXAMINERS FOR SANITARIANS
Application for Temporary License
www.lsbes.org

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:

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****

LOUISIANA STATE BOARD OF EXAMINERS FOR SANITARIANS

Application for Temporary License

www.lsbes.org

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)