

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH Verification of Experience

INSTRUCTIONS: Complete the \underline{top} portion of this form and forward to the employer(s) where you have completed the required work experience.

required work experience.

Requirements for Registered Sanitarian: 2 years full-time experience, or the equivalent, in environmental health.

Note: C.G.S. Sec. 20-361. On and after January 1, 1998, such experience shall be completed under the supervision of a sanitarian licensed pursuant to this chapter or licensed, certified or registered in the jurisdiction in which such experience was completed.

Applicant Name: Date of Birth://		f Birth://
APPLICANT: DO NOT WRITE BEI	OW THIS LINE - FOR EMPLOYE	R USE ONLY
This is to certify that the above individual,		, was employed from
	company/entity	
☐ Full-time experience		
☐ Part-time experience: months		
*use number of part-time hours worked to calcu	alate the equivalent number of for	all-time months of experience
Job Title/Position of the above-named individual	:	
Please describe this applicant's work experience	in environmental health:	
•		
Work performed under the supervision of Registered Sanitarian:		I ic#·
Person verifying applicant's work experience:	od Sumanum.	Enem.
NAME:	TITLE:	
TELEPHONE:		
SIGNATURE:		
Mail to: CT DPH EPLP		

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