

FORM C



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH Verification of Credential for Industrial Hygienist, Engineer, Architect, Sanitarian

INSTRUCTIONS: Complete the top portion of this form and send it to the appropriate credentialing agency

Name: _____ Date of Birth: ____/____/____

Credential for which you have submitted application: _____

Credential for Verification: ☐ Industrial Hygienist ☐ Engineer ☐ Architect ☐ Sanitarian

Credential Number: _____ Date Issued: _____

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR CREDENTIALING AGENCY USE ONLY

This is to certify that the above individual is currently credentialed as ____ Industrial Hygienist, ____ Engineer, ____ Architect, or ____ Sanitarian, by the _____

Is the above individual currently in good standing? ☐ YES ☐ NO

NAME: _____ TITLE: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

Mail To:

Connecticut Department of Public Health
Environmental Practitioner Licensing Unit (EPLU)
410 Capitol Ave, MS# 12EPL
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559 fax: (860) 509-7295