

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**