



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Verification of Experience

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

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

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

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

This is to certify that the above individual, _____, was employed from
____/____ to ____/____ by _____
mm yyyy mm yyyy company/entity

Full-time experience

Part-time experience: _____ months

*use number of part-time hours worked to calculate the equivalent number of full-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: _____ Lic#: _____

Person verifying applicant's work experience:

NAME: _____ TITLE: _____

TELEPHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

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