

Wisconsin Department of Safety and Professional Services

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Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING REGISTERED SANITARIAN WORK VERIFICATION/REFERENCE FORM

APPLICANT: Complete this section and forward to the individual serving providing a reference or work verification. Form must be returned directly from the individual providing a reference/verification to the Department.

Last Name	First Name	MI	Former / Maiden Name(s)
<p>ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.</p>			
Applicant Signature (If unable to provide a digital signature, print and sign form.)		Date (mm/dd/yyyy)	Application Number
		____/____/____	

INDIVIDUAL PROVIDING REFERENCE/VERIFICATION: Complete this section for the above-named applicant and return directly to the Department using the License Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

The applicant named above has applied for registration as a Registered Sanitarian in the State of Wisconsin. To assist the Board in reviewing the applicant's qualifications for licensure under Wis. Admin. Code § SPS 175, this reference form must be completed by the following:

- A person not related by blood or marriage to the applicant, who has **personal knowledge of the applicant's work in the field of environmental health. The person completing this form should have at least 12-months knowledge of the applicant's experience within the past 5 years.**
- At least one of the applicant's references shall be from an employer or supervisor who can verify the hours worked.
- **All items must be completed and any questions, which cannot be answered, must be marked unknown or non-applicable.** A copy of the rules governing the Registered Sanitarians profession can be viewed at <http://dsps.wi.gov/prof/sani/def.htm> and clicking on the Consumer Info. and Tools link to Registered Sanitarian applications.

ANSWER THE FOLLOWING QUESTIONS:

1.	I have personal knowledge that the applicant has worked in the field of environmental health. <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	My contacts with the applicant were: (check all that apply)			
	<input type="checkbox"/> Employer	<input type="checkbox"/> Employee	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Subordinate
	<input type="checkbox"/> Student	<input type="checkbox"/> Instructor	<input type="checkbox"/> In Professional Society Activities	
	<input type="checkbox"/> Other (specify)			
3.	The applicant performed work in the following field(s) of environmental health: " <u>Environmental Health</u> " means the science and art, which pertains to the protection of human health through the assessment, management, control, and prevention of environmental factors that may adversely affect the health, comfort, safety, or well-being of individuals or the environment. " <u>Field of Environmental Health</u> " means employment, whether private or public, where the principles of environmental health are directly applied to one or more of the following areas below. (Check all areas that apply.)			
	<input type="checkbox"/> Air Quality	<input type="checkbox"/> Food Protection	<input type="checkbox"/> Hazardous Substances	
	<input type="checkbox"/> Product Safety	<input type="checkbox"/> Housing	<input type="checkbox"/> Institutional Health and Safety	
	<input type="checkbox"/> Radiation Protection	<input type="checkbox"/> Recreational Areas and Waters	<input type="checkbox"/> Solid Waste Management	
	<input type="checkbox"/> Vector Control	<input type="checkbox"/> Water Quality	<input type="checkbox"/> Wastewater Technology and Management	
	<input type="checkbox"/> Hazardous Waste Management	<input type="checkbox"/> Industrial Hygiene and Water Supply		
	<input type="checkbox"/> Other (describe)			

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Address (number/street)	(city)	(state)	(zip code)
Signature (If unable to provide a digital signature, print and sign form.)	Please affix seal or list type of profession and registration number (if applicable)		
Date ____ / ____ / ____			
<p>I certify under penalty of perjury that these statements are true and correct to the best of my knowledge of the date of my signature, and that I have personally prepared this form, and if I become aware of information that would contradict my statements included with this submittal, I will promptly notify the Board.</p> <p>ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.</p>			
Signature (If unable to provide a digital signature, print and sign form.)	Date	Phone Number	
	____ / ____ / ____		

Return form directly to the Department using the LicensE Third-Party Upload Portal at license.wi.gov. You will need the application number shown in the top section of Page 1.