

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health Consumer Health Service / Occupational Licensing Mail: PO Box 268815, Oklahoma City, OK 73126-8815 Physical: 123 Robert S Kerr Ave, Oklahoma City, OK 73102 Telephone: (405) 426-8250 / Fax: (405) 900-7557

Website: http://chs.health.ok.gov

PROFESSIONAL SANITARIAN & ENVIRONMENTAL SPECIALIST Full or In-Training Re-Examination Application

This application is ONLY for individuals whose application for full or in-training RPS/RPES registration has been received and approved and who have subsequently failed to pass the examination. Applicants who fail the examination are subject to the following minimum wait times before they can be permitted to retest:

• First failure: 30-day wait

• Subsequent failures: 90-day wait

All retest applications must be submitted with a \$30.00 examination fee, made payable to the Oklahoma State Department of Health (OSDH). Please do not mail cash.

PLEASE PRINT CLEARLY OR TYPE:

	Date of Last Exam:
Mailing Address:	
City:	State: Zip:
Date of Birth:	Last 4 Digits of SS #:
Primary Phone:	Alternate Phone:
Email Address:	
Employer Name:	
Division/Title:	
Signature:	Date:
All completed applic	ations and fees are due a minimum of ten (10) days prior to the desired examination and ceting date. Dates are available at http://old.health.ok.gov/ [THIS SPACE FOR OSDH OFFICE USE ONLY]
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