

# Minnesota REHS/RS Renewal

To renew your Minnesota credential as a Registered Environmental Health Specialist/ Sanitarian (REHS/RS) with the Minnesota Department of Health (MDH), you must include:

- 1. Renewal fee of \$45. You must include a penalty of \$10 if this application is postmarked after the date your registration expires. Fees cannot be refunded. You can send a cashier's check, money order, or personal check payable to Minnesota Department of Health. Do not send cash.
- 2. Signed Minnesota REHS/RS Renewal Application. See page 2.
- 3. Documentation that you have completed 24 contact hours of acceptable continuing education activities during your current registration period. See the dates on your most recent registration certificate, or listed on Look-Up Registered Sanitarians (www.health.state.mn.us/divs/eh/san/sani query.cfm). See page 3.

#### Mailing address:

Minnesota Department of Health Food, Pools, and Lodging Services Section Attention: Sanitarian Registration Program P.O. Box 64495 St. Paul, MN 55164-0495

## **Continuing education requirements**

Continuing education activities must meet the criteria listed in <a href="Minnesota Rules">Minnesota Rules</a>, part <a href="Minnesota Rules">4695.2800</a>, subpart 3 (www.revisor.mn.gov/rules/?id=4695.2800). Pre-approved contact hours are listed at <a href="Continuing Education">Continuing Education</a> (www.health.state.mn.us/communities/environment/sanitarian/ceu.html).

Environmental program areas include but not limited to: Food, beverage, and lodging sanitation; housing; refuse disposal; water supply sanitation; rodent, insect, and vermin control; accident prevention; swimming pool and public bathing facility sanitation; radiation safety; air and water quality, noise pollution, and institutional and industrial hygiene. Implementation includes community education, investigation, consultation, review of construction laws, collection of samples and interpretation of laboratory data, enforcement actions, review and recommendation of policy and/or regulation.

**Note:** Continuing education activities in areas of computer science, management, program administration, interpersonal and human relation skills are limited to six hours total per renewal. Learning experiences in areas that are not related to environmental health, staff meetings, business meetings, and social activities do not meet the requirements for continuing education credit.

# Minnesota REHS/RS renewal application

#### Notice to individuals applying for REHS/RS Registration in the State of Minnesota

The commissioner of health will use information provided in this application to determine if you meet the requirements for Sanitarian Registration. Before the commissioner issues registration to you, Minnesota Statutes, section 270.72, subdivision 4, requires you to supply your social security number. Other than the social security number, you are not legally required to provide the requested information. However, submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your registration, if it is issued. Failure to provide required information may delay the processing of your application or may be grounds for denying your application.

Under Minnesota Statutes, section 13.41, information you provide on this application, except for your name and address, is private data while your application is pending. However, in circumstances authorized or required by law, it may be disclosed to others, including the Attorney General's Office, the Department of Revenue, and persons contacted for purposes of verification or investigation. If the matter of your registration becomes contested, the information submitted in this application may become public. Once you are registered, the information, except for your social security number, becomes public data and will be part of the agency's permanent files.

#### **Applicant information**

First name	Last name	Registration number	Expiration date
Street address/PO b	oox City, sta	te, ZIP code	County
	'		
Telepl	none	Em	ail

### **Employment information**

Check all that apply:			
	Currently employed		
	Currently unemployed		
	Retired		
	Other:		

#### MINNESOTA REHS/RS RENEWAL

Current employer	Business address (street/PO box, city, state, ZIP code)	County	Telephone	Employment start date

certify that the information provided and submitted on this apcomplete.	oplication is accurate and
Signature	_ Date

#### **Documentation**

Documentation for **pre-approved** continuing education activities is:

A copy of the certificate of completion.

Documentation for each continuing education activity that was not pre-approved is:

- A copy of the certificate of completion, grade card, or transcript.
  AND
- A Continuing Education Activity Report. See below.
- A copy of the agenda including start, breaks, and end times.

#### Continuing education activity report

Complete a separate report for each continuing education activity you attended for which contact hours were **not pre-approved**.

First name	Last name	Registration number

Criteria	Program or course information
Name of activity	
Date(s)	
Name(s) of instructor(s)	
Qualifications of instructor(s)	
Summary of the activity	
Description of what you learned	
Contact hours (excluding registration, breaks, meals)	

	At۱	tenc	lance	record	IS
--	-----	------	-------	--------	----

☐ Credits earned

☐ Computer verification

## Continuing education activity report

Complete a separate report for each continuing education activity you attended for which contact hours were **not pre-approved**.

First name	Last name	Registration number

Criteria	Program or course information
Name of activity	
Date(s)	
Name(s) of instructor(s)	
Qualifications of instructor(s)	
Summary of the activity	
Description of what you learned	
Contact hours (excluding registration, breaks, meals)	

How your participation was validated (Check all that apply):

	Attend	1222	rocord	_
1 1	ALICHO	เสมเดย	TECOLO	١,

☐ Credits earned

☐ Computer verification

Minnesota Department of Health Food, Pools, and Lodging Services Section PO Box 64495 St. Paul, MN 55164-0495 651-201-4500 health.sanitarians@state.mn.us www.health.state.mn.us

07/30/2021

To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper.