



# American Academy of Sanitarians

## APPLICATION FOR DIPLOMATE LAUREATE

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**Name:** \_\_\_\_\_  
(Include suffix and credential designations)

**Date of Birth** \_\_\_\_\_ (optional)

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Home E-mail Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone and Fax Numbers:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Send Mail to:**     Home     Business

Name: \_\_\_\_\_

## **Environmental Health Credentials**

### **Membership in the American Academy of Sanitarians:**

**Date Diplomate Status Awarded:**

**Position(s) Held in the Academy:** (Include dates each position was held)

**Founding Diplomate of the Academy:**       Yes                       No

### **Sanitarian Registration(s)/Licenses(s):**

(include a copy of certificate or other documentation with this application)

Please list the following for each registration/license:

1. Issued by
2. Date of issue
3. Expiration and/or renewal date

Name: \_\_\_\_\_

### **Employment History**

Starting with the most recent position, list your employment history within the field of environmental health. For each position, list the name of employer, location of employer, inclusive dates of employment, position title (note supervisory experience), and years of service.

Use a separate page for each employer. Please reproduce this page for additional employers. Attach additional sheets as necessary.

Name: \_\_\_\_\_

**Advanced Academic Degree(s)**

List degree, institution, location, major, minor or supporting minors, years of attendance, and year awarded. Include a copy of college transcript. (Do not include the qualifying Masters degree.)

Name: \_\_\_\_\_

### **Publications in Environmental Health**

List your publications in standard bibliographic format. Include copies of each with the application. For books, include copy of flyleaf with author name and copyright date; for chapters in books, include copy of flyleaf, table of contents, and first page of chapter.

1.

2.

3.

4.

5.

Name: \_\_\_\_\_

### **Competency-Based Professional Credentials**

List the name of the credential, the name of the organization awarding the credential, year credential received and renewal status. Provide a copy of the certificate or awarding letter.

Name: \_\_\_\_\_

### **Patents or Copyrights**

List any patent or copyrights related to public or environmental health held. List date received. Provide copy of patent or copyright documentation.

Name: \_\_\_\_\_

### **Membership on Credentialing Board**

List membership on professional examination, licensing or other sanitarian or environmental health professional credentialing board, committee or council. List dates of service and sponsoring organization. Provide copy of the letter of appointment or other documentation of membership.



Name: \_\_\_\_\_

### **Membership on Professional Advisory Committees or Boards**

List service on national or international environmental health-associated advisory or standard-development committees, councils, boards or commissions. List dates of service, sponsoring organization, and any document produced by the committee. Provide copy of the letter of appointment or other documentation of membership.

Name: \_\_\_\_\_

### **Service to Professional Organizations**

List elective offices held in an environmental health professional organization. List office held, dates of service and professional organization.

Name: \_\_\_\_\_

### **Awards**

List major professional awards received, date of receipt, and copy of certificate.  
(Certificates of Appreciation are not acceptable.)

Name: \_\_\_\_\_

## **DECLARATION**

I, \_\_\_\_\_, understand the following concept of the Sanitarian Diplomate Laureate: The Sanitarian Diplomate Laureate is a public and environmental health professional who, because of continuing outstanding commitment, leadership and accomplishments in the Sanitarian profession has provided services to the community for the purpose of protecting and promoting human health and quality of life.

I hereby waive any claim against the American Academy of Sanitarians, Inc. ("the Academy") or against any director or individual for any official act performed in connection with administration of the Constitution and Bylaws of the Academy, for refusal to admit me for certification as a Diplomate Laureate.

I direct and hold harmless the custodian of this information to release such factual and accurate information upon request to any duly accredited representative of the Academy for the purpose of verifying and authenticating statements I have made in this application questionnaire which is associated with my candidacy for Diplomate Laureate in the Academy.

I further agree that any emblem, diploma, certificate, or other evidence which may be issued to me as a Diplomate Laureate shall at all times remain the property of the Academy; held by me in trust and will be returned to the Academy upon written demand, if and when for any appropriate reason, my Certification as a Diplomate Laureate is terminated.

I certify that the statements above, including any attachments I have submitted hereto, are to the best of my knowledge, accurate. I understand that any falsification of information in this application will be cause for rejection of the application or withdrawal of Certification already made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date