



# American Academy of Sanitarians

## APPLICATION FOR DAAS CERTIFICATION

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1. Name: \_\_\_\_\_  
(Include credential designations)

2. Date of Birth: \_\_\_\_\_  
(Optional)

3. Sanitarian Registration(s): Issued by \_\_\_\_\_

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4. Area(s) of Competency or Specialization:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. Home Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Home Email: \_\_\_\_\_

6. Business Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Business Email: \_\_\_\_\_

7. Send mail to: \_\_\_\_\_ Home \_\_\_\_\_ Business

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

8. Academic Degrees Attained: Include institution, location, major, minor or supporting minors, years of attendance, degree and year

Undergraduate:

Graduate:

Professional:

9. Additional Education and Training in Environmental Health:  
List only those courses greater than two weeks in duration.

10. Special Achievements:  
List any additional Professional Credentials, Honors, Citations, Scholarships, Funded Research Projects, Publications and other Awards

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

11. Membership in Professional Organizations and Honorary Societies (Past and Present):  
List the name of the organization, year joined and type of membership held. Indicate any offices held and the dates.

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12. Professional Service Activities (Past and Present):  
List professional service on national or local committees, councils, boards or commissions.

1.

13. Professional References:  
Provide the name, title and address of at least three persons, in addition to your supervisor (or if self employed, a major client), who are willing to provide a letter of recommendation in support of this application. These names should be of individuals with whom you have had professional association, and who are qualified to evaluate your knowledge and skills as a sanitarian..

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14. Employment History:  
Beginning with the most recent position, list you employment history within the field of Environmental Health. Emphasize your accomplishments that are in your area(s) of specialization. Highlight your supervisory experience.

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

Employment History – Current Position

Name of Employer:

Address: of Employment:

Dates of Employment:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Name and Title of Supervisor:

Exact Title of Your Position:

Description of Duties:

(Include major responsibilities and specific activities in Environmental Health. Do not use official job descriptions.)

Indicate promotions and advancements within this position:

Describe your supervisory experience:

(Please reproduce this page for additional listings.)

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

Employment History – Continuation Page

Name of Employer:

Address: of Employment:

Dates of Employment:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Name and Title of Supervisor:

Exact Title of Your Position:

Description of Duties:

(Include major responsibilities and specific activities in Environmental Health. Do not use official job descriptions.)

Indicate promotions and advancements within this position:

Describe your supervisory experience:

(Please reproduce this page for additional listings.)

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

**DECLARATION**

I, \_\_\_\_\_ understand the following concept of the Sanitarian Diplomat: The Sanitarian Diplomat is a public health professional uniquely qualified through education and experience to manage environmental factors 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. (AAS) or against any director or individual for any official act performed in connection with administration of the Constitution and Bylaws of the AAS, for refusal to admit me for certification.

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 AAS for the purpose of verifying and authenticating statements I have made in this application questionnaire which is associated with my candidacy for Diplomat in the American Academy of Sanitarians.

I further agree that any emblem, diploma or other evidence which may be issued to me as a Diplomat 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 Diplomat is terminated. I also understand that if my Certification as a Diplomat is terminated, I can no longer use the professional designation "DAAS".

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