FORM # 3

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Verification of Credential for
Industrial Hygienist, Engineer, Architect, Sanitarian

INSTRUCTIONS: *Complete the top portion of this form and send it to the appropriate credentialing agency*

Name: _____ Date of Birth: _____/_____/_____

Credential for which you have submitted application: _____

Credential for Verification: ☐ Industrial Hygienist ☐ Engineer ☐ Architect ☐ Sanitarian

Credential Number: _____ Date Issued: _____

I hearby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR CREDENTIALING AGENCY USE ONLY

This is to certify that the above individual is currently credentialed as ____ Industrial Hygienist, ____ Engineer, ____ Architect, or ____ Sanitarian, by the _____

Is the above individual currently in good standing? ☐ YES ☐ NO

Do you have any derogatory information regarding the competency or conduct of this individual? ☐ YES ☐ NO

If yes, please explain:

_____

_____

_____

NAME: _____ **TITLE:**_____

TELEPHONE: _____ **DATE:** _____

SIGNATURE: _____

Mail To:

Connecticut Department of Public Health
Environmental Practitioner Licensing Unit (EPLU)
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