

NC Board of Sanitarian Examiners

CONTINUING EDUCATION REQUEST FORM

ALL REQUESTS FOR CONTINUING EDUCATION APPROVAL MUST INCLUDE A COMPLETED CONTINUING EDUCATION REQUEST FORM. THE FORM SHOULD BE ACCOMPANIED BY A DETAILED AGENDA, COURSE DESCRIPTION, COMPLETION CERTIFICATE, OR OTHER COMPARABLE RECORD FROM THE SPONSORING ORGANIZATION. IT SHOULD INCLUDE DATE(S) AND TIME(S) OF TRAINING, SUBJECT(S), AND PRESENTERS, INSTRUCTORS, ETC.

Submissions can be mailed, emailed, or faxed provided that the information is complete and that both Request Form and accompanying documentation are submitted at the same time. The R.S. Board meets at least 4 times annually to review continuing education for approval. All submitters will receive a response from the Board as to whether the application was APPROVED or not. Incomplete submissions will be returned to submitters without consideration for approval.

Email: Janice Jones

Fax: Janice Jones (FAX # - 910-608-0448)

Mail: Janice Jones
PO Box 610
Lumberton, N. C. 28359

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Name of Education/Training _____

Organization Sponsor _____

Address of Training: _____

City/State _____

NOTE: If education/training is online via Internet, mark BOX HERE

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Type of Education-Check One:

☐ Workshop ☐ Professional Meeting ☐ Internet Course ☐ Satellite/Video ☐ College Course

☐ Other (Describe) _____

Date of Education/Training: _____

Time of Education/Training: _____

NOTE: Is timed agenda attached to this request ? _____ YES _____ NO

How many continuing education hours are you requesting for the training? _____

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Submitted by: (Please Print) _____ Phone _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

Signed _____