

# NORTH CAROLINA STATE BOARD OF SANITARIAN EXAMINERS

## RENEWAL APPLICATION TO PRACTICE AS A SANITARIAN OR SANITARIAN INTERN IN 2009

**The Renewal of your Registration is due no later than December 31, 2008.** Please complete and return this form with your renewal fee of **\$35.00** (make **payable** to: NC STATE BOARD OF SANITARIAN EXAMINERS) **before December 31, 2008** in order to continue to practice as a Sanitarian or Sanitarian Intern in NC. An additional fee of \$5.00 is assessed for each renewal postmarked after **December 31, 2008**, in addition to the \$35.00 renewal fee. There is a \$20.00 service charge on all returned checks. **Please note that you must have completed at least fifteen (15) hours of Board approved continuing education during 2008 in order to renew for 2009. This continuing education requirement includes all individuals currently registered by the NC State Board of Sanitarian Examiners.**

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### PLEASE PRINT CLEARLY

Full Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Title of Present Position \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Tel # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

☐ Check if there are changes to the above information

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Tel: # (\_\_\_\_) \_\_\_\_\_

☐ Check if new home address or telephone number

### Specialized Training Completed during 2008 Date

Centralized Intern Training (Mark modules completed) ☐ FLI ☐ OSWW ☐ EH-related \_\_\_\_\_

Public Health Law Course (must be taken within 4 years from date of employment) \_\_\_\_\_

### Continuing Education Completed during 2008 (verification may be required)

Course #	Name of Continuing Education <u>from Board Website</u>	Date Taken	Clock Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*If you have recorded your CE courses on your individual page on the new database website ([www.bluelizard.com/rstas](http://www.bluelizard.com/rstas)), you may do a Print Screen and attach to this form.**

I, \_\_\_\_\_, hereby certify that the above information is accurate and true. I understand that falsification of this application shall constitute sufficient grounds for suspension or revocation of registration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL TO: Janice Jones  
NC STATE BOARD OF SANITARIAN EXAMINERS  
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910-608-0196