

# North Carolina State Board of Environmental Health Specialist Examiners

## SUPERVISORY ENVIRONMENTAL HEALTH SPECIALIST STATEMENT

Supervisory Environmental Health Specialist: \_\_\_\_\_

N.C. Registration Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Intern Applicant: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, do hereby acknowledge and agree to provide guidance and instruction  
(Name of Supervisory Environmental Health Specialist)

for \_\_\_\_\_ in the performance of all Environmental Health Duties as designated  
(Name of Intern Applicant)

in .0414 of the Rules of Operation of the North Carolina State Board of Environmental Health Specialist Examiners. I do agree to provide such guidance and instruction beginning on the date noted below, and continuing throughout the Internship period of the applicant until such time as the applicant becomes registered as an Environmental Health Specialist in North Carolina or terminates employment.

Signature of Supervisory Environmental Health Specialist: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: To be submitted with Intern application to:**

Adele Newman  
NC State Board of Environmental Health Specialist Examiners  
PO Box 1718  
Mebane, NC 27302  
(910) 608-0196  
Fax: (910) 816-0190  
[rehs.board@ncdenr.gov](mailto:rehs.board@ncdenr.gov)