

North Carolina State Board of Environmental Health Specialist Examiners

CONTINUING EDUCATION MEETING REGISTER

Course # _____ DATE: _____ AM _____ PM _____ Submitted by: _____

TITLE: _____ **LOCATION:** _____

Forward to: Adele Newman, NC State Board of Environmental Health Specialist Examiners, PO Box 1718, Mebane NC 27302
910-608-0196 office / 910-816-0190 fax / www.rsboard.com / rehs.board@ncdenr.gov

NAME (Please Print Clearly)

RS#

EMPLOYER

SIGNATURE

[illegible]

Please do not use reverse side of form; use another form if necessary.

Page ____ of ____ pages.

Revised 2/17/10