North Carolina State Board of Environmental Health Specialist Examiners

RENEWAL APPLICATION TO PRACTICE AS A SANITARIAN OR SANITARIAN INTERN IN 2010

Full Name:		Registration Number:		
Title of Pres	ent Position	Work Email Address		
Name of Employer: Employer Address:		Tel # ()	FAX #(()
		City		_ZIP
	Continuing Education	Completed during 2009 (Attach any certi	ificates you received)	
Course # From Website	Name of Continuing Educa	tion <u>from Board Website</u> D	Oate Taken	Clock Hours You Attended
****	****Remember to also attach c	opies of any certificates received or oth	<u>her proof of attendar</u>	
	erstand that falsification of thi	, hereby certify that the application shall constitute sufficient	he above information ent grounds for sus	on is accurate and pension or
Signature: _		Da	ate:	

MAIL TO: Adele Newman

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