

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
www.rsboard.com
rehs.board@ncdenr.gov