

**NC STATE BOARD OF SANITARIAN EXAMINERS**  
**RENEWAL APPLICATION TO PRACTICE AS A SANITARIAN OR SANITARIAN INTERN IN 2010**

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

Title of Present Position \_\_\_\_\_ Work Email Address \_\_\_\_\_

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

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

**If you have any changes in your demographic information, please update this information at:**

**<http://apps.bluelizard.com/rstas/>**

*Please circle any changes to your demographic information only if you do not have Internet access*

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

Home Email Address: \_\_\_\_\_

**Specialized Training Completed During 2009** \_\_\_\_\_ **Date** \_\_\_\_\_

Centralized Intern Training (Please check all modules completed) \_\_\_\_ FLI \_\_\_\_ OSWW \_\_\_\_\_

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

**Continuing Education Completed during 2009 (Attach any certificates you received)**

<b>Course # From Website</b>	<b>Name of Continuing Education <i>from Board Website</i></b>	<b>Date Taken</b>	<b>Clock Hours You Attended</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*\*If you have recorded your CE courses in your individual record in the RSTAS database (<http://apps.bluelizard.com/rstas/>), you may print that page and attach it to this form. Remember to also attach copies of any certificates received or other proof of attendance. \*\*\***

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  
PO Box 610  
Lumberton, North Carolina, 28359  
910-608-0196

# NC STATE BOARD OF SANITARIAN EXAMINERS

## Instructions for Application for Registration Renewal

Each year, each Registered Sanitarian and Registered Sanitarian Intern must apply for renewal for the following year. Renewal applications must be submitted, postmarked no later than December 31, 2009.

Please complete and return Page 1 of this form with your renewal fee of **\$35.00** (check or money order made payable to: NC STATE BOARD OF SANITARIAN EXAMINERS) **before December 31, 2009** in order to continue to practice as a Registered Sanitarian or Registered Sanitarian Intern in NC.

A fee of \$5.00 is assessed for each renewal postmarked after **December 31, 2009**, in addition to the \$35.00 renewal fee. Incomplete applications will be returned to sender and may be subject to the additional \$5.00 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 2009 in order to renew for 2010. This continuing education requirement includes all individuals currently registered by the NC State Board of Sanitarian Examiners. Please attach screenshot of CE from RSTAS and proof of attendance (certificates, etc) for all Continuing Education obtained.**

**Do not include this instruction page with your renewal application.**