

North Carolina State Board of Environmental Health Specialist Examiners

EMPLOYMENT VERIFICATION FORM

A copy of this form must be completed by a Human Resource (HR) or Personnel Department representative of the employer. The completed form must be submitted with all registration packets in order for an applicant to become registered as an Environmental Health Specialist Intern with the N.C. State Board of Environmental Health Specialist Examiners.

Name of Environmental Health Specialist Intern: _____

Employer: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____

HR/Personnel Department Representative: _____

Title: _____ Department Name: _____

Address: _____ City: _____ Zip: _____

Telephone : _____ Email: _____

I _____, do hereby affirm that _____
Print/Name of HR Representative Print Name of Environmental Health Specialist Intern

began employment with _____ on _____.
Place of Employment Date of Hire (mm/dd/yyyy)

Signature of HR Representative: _____ Date: _____

Completed forms should be submitted to:

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

Board Use Only

Date Verified: _____

By: _____