

North Carolina State Board of Environmental Health Specialist Examiners

APPLICATION FOR REGISTRATION AS ENVIRONMENTAL HEALTH SPECIALIST INTERN

NAME (Type or print): _____
Last First Middle

Name you desire on certificate: _____

Name of Employer: _____

Employer Address: _____ City: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Present Position Title: _____ Date Employed in Present Position: _____

Work Phone: _____ Fax: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Email: _____

Education

College/University	Dates Attended	Major Course of Study	Date Degree Awarded

Send a copy of your **official job description** (signed by applicant's supervisor), notarized **Code of Ethics** form and **Employment Verification Form** with this application. ***Applicant must have the institution submit a certified copy of transcript(s) directly to the Board.** This transcript becomes property of the N.C. State Board of Environmental Health Specialist Examiners. Attach a separate sheet for any additional or supplementary information.

An **application fee of \$50.00** payable to the **North Carolina State Board of Environmental Health Specialist Examiners** must accompany this application. Mail fee, forms, and application to:

NC State Board of Environmental Health Specialist Examiners
PO Box 1718
Mebane, N.C., 27302
www.rsboard.com
rehs.board@ncdenr.gov

Signature of Applicant

Date

Subscribed and sworn to me, this the _____ day of _____, 20____

(SEAL) _____

Notary Public

My Commission Expires: _____