

N.C. State Board of Sanitarian Examiners
SANITARIAN INTERN 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 a Sanitarian Intern with the N.C. Board of Sanitarian Examiners.

Name of Sanitarian Intern: _____

Employer's Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone Number: (____) _____ - _____

HR/Personnel Department Representative: _____

Title: _____ Department Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone Number: (____) _____ - _____

I _____, do hereby affirm that _____
Print/Name of HR Representative Name of Sanitarian Intern

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

Signature of HR Representative: _____

Date: _____

Completed forms should be returned to:

Janice Jones
NC Board of Sanitarian Examiners
PO Box 610
Lumberton, N. C., 28359

Office Use Only:

Date Verified _____
By: _____