

# NORTH CAROLINA STATE BOARD OF SANITARIAN EXAMINERS

Application for Registration as Sanitarian Intern  
Chapter 90A, General Statutes of North Carolina

NAME (Type or Print) \_\_\_\_\_  
Last First Middle

Name you desire on certificate \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Position Title \_\_\_\_\_ Date Employed in Present Position \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

## EDUCATION

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

Send copy of **official job description** (signed by applicant's supervisor) and completed **Supervisory Sanitarian Statement** with this application. **\*Applicant must have the institution submit directly to the Board a certified copy of transcript(s).** This transcript becomes property of the N.C. State Board of Sanitarian Examiners and will become a public record in accordance with Chapter 132 of the North Carolina General Statutes. Attach separate sheet for any additional or supplementary information.

An **application fee of \$35.00** payable to the **North Carolina State Board of Sanitarian Examiners** shall accompany this application. Mail fee, forms, and application to:

**Janice Jones, Secretary to the Board**  
**PO Box 610**  
**Lumberton, N.C., 28359**

\_\_\_\_\_  
Signature of Applicant (Date)

\_\_\_\_\_  
Signature of Supervisor (Date)

Subscribed and sworn to me, this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_