

North Carolina State Board of Sanitarian Examiners

Affidavit of Nondisclosure for Examination Proctors

I, (Printed Name) _____ (Title) _____

of (Company) _____

(Home Address) _____

(Work Address) _____

Hereby swear and affirm that:

I shall not disclose or provide to anyone, directly or indirectly, any information or documents pertaining to the development, testing and/or grading of the NEHA REHS/RS multiple-choice examination.

I do not have any immediate family members, friends, or work associates taking the examination. (For the purpose of this affidavit, the definition for "immediate family" includes the spouse, children (including step-children), siblings (including step-siblings), parents (including step-parents), and any relative, either by blood or marriage, whether living in the employee's household or not.

Neither myself nor my immediate family members, friends, or work associates are actively involved in teaching any courses or workshops, and/or engaged in coaching or tutoring activities intended to assist candidates on any aspect of the NEHA REHS/RS examination.

I am not planning to take the examination in the future.

I am not in any supervisory capacity of any of the candidates sitting for the examination.

I understand that the North Carolina Board of Sanitarian Examiners is not responsible for any costs or fees associated with administering the NEHA REHS/RS examination.

Signature

Date

Subscribed to and Sworn or Affirmed Before Me This _____ Day of _____ (Year) _____

My Commission Expires: _____

Notary Public

Return Affidavit to:
Camille Bishop
NC Board of Sanitarian Examiners
7171 Brown Summit Road
Brown Summit, NC 27214