

**North Carolina State Board of Sanitarian Examiners**  
Examination Proctor Application

**General Information**

Name: \_\_\_\_\_ Are you 18 years old or older? \_\_\_\_ Yes \_\_\_\_ No

Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Work Address:  
City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List specific qualifications you have for proctoring: \_\_\_\_\_

**Education**

	# of Years Attended	Name of School	City/State	Degree	Did you Graduate?
High School					
College					
Other					

**Experience (most recent first)**

Name and Address of Company	Date From/To		Position/Title or Duties

**Business References**

Name	Address & Phone Number	Occupation

Armed Forces Service? \_\_\_\_ Yes \_\_\_\_ No From: \_\_\_\_\_ To: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Duties: \_\_\_\_\_ Rating at Time of Discharge: \_\_\_\_\_

Are you related, in any way, to any person taking this examination? \_\_\_\_ Yes \_\_\_\_ No

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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