**For Board Use Only**

Course Number: \_\_\_\_\_\_\_\_\_\_\_\_

Requested Hours: \_\_\_\_\_\_\_\_

Approved Hours: \_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**North Carolina State Board of Environmental Health Specialist Examiners**

**APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL**

**Name of Education/Training:** Click here to enter text.

**Organization /Sponsor:** Click here to enter text.

**Location(s) of Training:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text.

**Type of Education (Choose from drop-down list by clicking arrow):** Choose an item.

**Date(s) of Education/Training:** Click here to enter text.

**Time of Education/Training:** Click here to enter text.

**How will attendance be documented?** Click here to enter text.

**How many continuing education hours are you requesting for the training?** Click here to enter text.

**Submitted by (Please Print):** Click here to enter text.

**Phone:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text.

**State & Zip:** Click here to enter text.

**Email Address:** Click here to enter text.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Methods to Submit Application**

**US Postal Service: NC State Board of Environmental Health Specialist Examiners, PO Box 238, Efland, NC 27243**

**Email:** [**rehs.board@dhhs.nc.us**](mailto:rehs.board@dhhs.nc.us)

**Fax: (910) 816-0190**

**North Carolina State Board of Environmental Health Specialist Examiners**

**Instructions for Completion of**

**Application for Continuing Education Course Approval**

All applications for continuing education approval must include a completed “Application for Continuing Education Course Approval” form accompanied by *detailed timed agenda, course description, completion certificate, and/or other comparable record* from the sponsoring organization.

Other important points to remember:

* The agenda or course description shouldinclude date(s) and time(s) of training, subject(s), and presenter(s), instructor(s), etc.
* If application is submitted after the training, be sure to attach attendance sheet(s).
* Sponsors must submit attendance sheets/rosters to the Board upon completion of the course.
* Course approval is good only for the calendar year in which it is approved. Applications for courses that recur each year must be submitted annually for review and approval.

The Board meets at least 4 times annually to review continuing education applications. For a list of Board meeting dates, click [here](http://www.rsboard.com/rsweb/mtgs/meetings.htm). In order for an application to be reviewed by the Board at an upcoming meeting, **you must submit your materials at least two weeks prior to the meeting date.**

Within one week following the Board meeting, the Board’s Administrative Assistant will inform you about the status (approved, not approved, pending, denied) of your application.

Submissions may be mailed, emailed, or faxed to the REHS office. Please ensure that the information provided is complete and that both this form and any accompanying documentation are submitted at the same time.

Completed applications may be submitted to:

**Mail: NC State Board of EH Specialist Examiners**

**PO Box 238**

**Efland, NC 27243**

# Fax: (910) 816-0190

**Email:** [**rehs.board@dhhs.nc.gov**](mailto:rehs.board@dhhs.nc.gov)

**Should you have questions regarding your application, contact Donna Coffey, the Board’s Administrative Assistant via telephone at (910) 608-0196 or via email at rehs.board@dhhs.nc.gov.**

**Please do not include this instruction sheet with your application.**