

NORTH CAROLINA STATE BOARD OF SANITARIAN EXAMINERS

RENEWAL APPLICATION TO PRACTICE AS A SANITARIAN OR SANITARIAN INTERN IN 2008

The Renewal of your Registration is due not later than December 31, 2007. Please complete and return this form with your renewal fee of \$35.00 (make payable to: NC STATE BOARD OF SANITARIAN EXAMINERS) before December 31, 2007 in order to continue to practice as a Sanitarian or Sanitarian Intern in NC. An additional fee of \$5.00 shall be assessed for each renewal postmarked after **December 31, 2007**, in addition to the \$35.00 renewal fee. There shall be a \$20.00 service charge on all returned checks. **Please note that you must have completed at least fifteen (15) hours of Board approved continuing education during 2007 in order to renew for 2008. This continuing education requirement includes all individuals currently registered by the NC State Board of Sanitarian Examiners.**

Name: _____ Registration Number: _____

Title of Present Position _____ Date Employed in this Position _____

Name of Employer: _____ Tel # (____) _____ FAX #(____) _____

Address of
Employer: _____ City _____ ZIP _____

Email Address _____ Retired from environmental health work? _____
____ Check if new address or telephone/fax number

Home Address _____ Zip _____ Tel: #(____) _____
____ Check if new address or telephone number

Specialized Training Completed during 2007	Date
Centralized Intern Training (Mark modules completed) ____ FLI ____ OSWW ____ EH-related	_____
Public Health Law Course (must be taken within 4 years from date of employment)	_____

Continuing Education Completed during 2007 (verification may be required)

Name of Continuing Education from Board Website

Date

of Clock Hours

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, hereby certify that the above information is accurate and true. I understand that falsification of this application shall constitute sufficient grounds for suspension or revocation of registration.

Signature: _____ Date: _____

MAIL TO: Janice Jones
NC STATE BOARD OF SANITARIAN EXAMINERS
PO Box 610
Lumberton, North Carolina, 28359
910-608-0196