

SUPERVISORY SANITARIAN STATEMENT

NORTH CAROLINA STATE BOARD OF SANITARIAN EXAMINERS

Name of Supervisory Sanitarian_____

N.C. Registration Number_____

Place of Employment_____

Address_____City_____State_____

Zip_____Telephone Number () _____

Name of Intern Applicant_____

Place of Employment_____

Address_____City_____State_____

Zip_____Telephone Number () _____

I, _____, Do hereby acknowledge and agree to provide
(Name of Supervisory Sanitarian)
guidance and instruction for _____ in the performance of all
(Name of Intern Applicant)
Environmental Health Duties as designated in .0414 of the Rules of Operation of the
North Carolina State Board of Sanitarian Examiners. I do agree to provide such
guidance and instruction beginning on the date noted below, and continuing throughout
the Internship period of the applicant until such time as the applicant becomes
Registered as a Sanitarian in North Carolina or terminates employment.

Signature of Supervisory Sanitarian _____ Date_____

Signature of Applicant _____ Date_____

NOTE: To be submitted with Intern application to the current Board Secretary via US Postal Mail.