

# North Carolina State Board of Environmental Health Specialist Examiners

## EMPLOYMENT VERIFICATION FORM

A copy of this form must be completed by a Human Resource (HR) or Personnel Department representative of the employer. The completed form must be submitted with all registration packets in order for an applicant to become registered as an Environmental Health Specialist Intern with the N.C. State Board of Environmental Health Specialist Examiners.

Name of Environmental Health Specialist Intern: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

HR/Personnel Department Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Department Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone : ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_, do hereby affirm that \_\_\_\_\_  
Print/Name of HR Representative Print Name of Environmental Health Specialist Intern  
began employment with \_\_\_\_\_ on \_\_\_\_\_.  
Place of Employment Date of Hire (mm/dd/yyyy)

Signature of HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms should be submitted to:

Donna Coffey  
NC State Board of Environmental Health Specialist Examiners  
PO Box 238  
Mebane, NC 27302  
(919) 304-1168  
Fax: (919) 304-1165  
[rehs.board@dhhs.nc.us](mailto:rehs.board@dhhs.nc.us)

<b>Board Use Only</b>
Date Verified: _____
By: _____