

**APPLICATION FOR REGISTRATION AS A NORTH CAROLINA
ENVIRONMENTAL HEALTH SPECIALIST INTERN**

NAME (Type or print): _____
Last First Middle

Name you desire on certificate: _____

Name of Employer: _____

Employer Address: _____ City: _____ Zip _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Present Position Title: _____ Date Employed in Present Position: _____

Work Phone: _____ Fax: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Email: _____

Education

College/University	Dates Attended	Major Course of Study	Date Degree Awarded

Signature of Applicant

Date

Subscribed and sworn to me, this the _____ day of _____, 20____

(SEAL) _____
Notary Public

My Commission Expires: _____

Submit completed application packets 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