

North Carolina State Board of Environmental Health Specialist Examiners

CONTINUING EDUCATION MEETING REGISTER

Course # _____ DATE: _____ AM ____ PM ____ Submitted by: _____

TITLE: _____ LOCATION: _____

NAME (Please Print Clearly)	REHS#	EMPLOYER	SIGNATURE

Page ____ of ____ pages.

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
Fax: (910) 816-0190