North Carolina State Board of Environmental Health Specialist Examiners

RENEWAL APPLICATION TO PRACTICE AS AN ENVIRONMENTAL HEALTH SPECIALIST OR ENVIRONMENTAL HEALTH SPECIALIST INTERN IN 2016

Note: If you complete this form on-line using the Registered Sanitarian Training and Authorization System, RSTAS (https://rstas.dhhs.state.nc.us:8443/), the system will automatically complete Sections 1 and 2 of this form for you after you enter your 2015 Continuing Education (CE) information into the system.

1. Employment and Personal Information

Full Name _____ REHS/REHSI Number _____

Title of Present Position _____ Work Email Address _____

Employer _____ Tel # _____ Fax # _____

Employer Address _____ City _____ Zip _____

Home Address _____ City _____ Zip _____

Tel # _____ Home Email Address _____

2. 2015 Continuing Education Completed

*Each year, you must complete a **minimum of 15 Board approved** Continuing Education (CE) hours. In order to attain the 15 hour mark for 2015, you are allowed to carry forward a maximum of 5 Board approved CE hours from 2014, if you completed more than 15 CEs in 2014. **Note that carry forward hours will not reflect on this form**; however, the Board will audit your records to ensure that you are eligible for the carry forward hours. It is very important to note that the **Board requires proof of attendance, such as certificates or class rosters, for courses taken**.*

Course #	Name of Course	Date of Course	Clock Hours You Attended

3. NC Public Health Law Course

*Within the first 4 years of your **initial** registration, you are required to complete the Board approved SOP NC Public Health Law course.*

- **Are you within 4 years of the date of your initial registration? Yes No**
- **If you answered yes, did you complete the SOP NC Public Heath Law during 2015? Yes No**

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: _____

Annual Renewal Fee

The renewal fee for applications **postmarked by December 31, 2015,** is **$50.00**. For applications postmarked **after December 31, 2015,** the fee is **$75.00**. There is a $20.00 service charge plus actual bank charges on all returned checks. Please make check or money order payable to: **NC State Board of Environmental Health Specialist Examiners**.

MAIL TO: NC State Board of Environmental Health Specialist Examiners, PO Box 238, Efland, NC 27243