

REHS # \_\_\_\_\_  
Date App'd by Board \_\_\_\_\_  
Note:

# Registration Application

## NC State Board of Environmental Health Specialist Examiners

*In order to apply for registration as an Environmental Health Specialist in North Carolina, an individual must be employed in accordance with NC § 90A-53. If you are seeking employment in NC, you may submit a Registration Application, and after verifying credentials and employment history, the Board may approve your registration contingent upon an individual's qualifying employment in NC.*

**Submit completed, notarized application packet (including applicable fee) by mail or online:**

**Mailing Address:** NC State Board of Environmental Health Specialist Examiners Board, PO Box 238, Efland, NC 27243  
**Online:** [www.ncrehs.com](http://www.ncrehs.com)

**Questions?** Email [rehs.board@dhhs.nc.gov](mailto:rehs.board@dhhs.nc.gov) or call (919) 304-1168

**Note:** NC State Board of Environmental Health Specialist Examiners is referenced throughout the application as "The Board"

1. Name \_\_\_\_\_  
Last First Middle

2. **Application Type**

In some instances, individuals may qualify for more than one category. For example, a military spouse may also qualify as an out-of-state applicant or intern with previous experience. In those instances, check all applicable application types.

- Intern with No Previous Experience, Environmental Health degree from program accredited by the National Environmental Health & Science Protection Accreditation Council (EHAC) (\$50 fee)
- Intern with No Previous Experience, non-Environmental Health Degree (\$50 fee)
- Intern with Previous Qualifying Experience (\$50 fee)  
*Requesting credit for previous environmental health educational and professional experience in North Carolina in accordance with NC General Statute 90A-53*
- Out-of-State Applicant (\$50 fee)  
*Requesting full REHS status with credit for out-of-state experience and credentials*
- Military Applicant (No fee pursuant to NC § 93B-15.1 (a) (4))
- Military Spouse Applicant (No fee pursuant to NC § 93B-15.1 (b) (5))

### 3. Current Employment Information

*Note that a completed Employment Verification Form (NCEHS Form – 2) must be completed by your current employer, notarized by a Notary Public and included in your application package.*

<b>Title of Current Position</b> _____		
<b>Date Employed in Current Position</b> _____		
<b>Name of Current Employer</b> _____		
<b>Current Employer Mailing Address</b> <b>Street or Post Office Box</b> _____		
_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Work Phone</b> _____	<b>Work Cell</b> _____	
<b>Work Email</b> _____		
<b>Name of Current Supervisor</b> _____		

### 4. Personal Information

<b>Personal Mailing Address</b> <b>Street or Post Office Box</b> _____		
_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Personal Phone</b> _____		
<b>Personal Email</b> _____		
<b>Date of Birth</b> _____	<b>Social Security</b> _____	

**5. Have you ever been convicted of a felony?** *If you answer "Yes" to any of the questions below, attach an explanation on an additional sheet.*

Have you ever been convicted of a felony?      Yes       No

Have you ever been convicted of any crime related to your discharge of Environmental Health duties?      Yes       No

Has your registration been revoked or suspended in any jurisdiction?      Yes       No

***If the answer to any of the preceding questions is yes, provide a certified copy of the charges and conviction in your application packet.***

Have you ever been denied licensure in any jurisdiction?      Yes       No

***If yes, provide a written statement detailing why you were denied licensure.***

**6. Education**

*Note that applicants are responsible for having copies of their certified transcript(s) of all degrees and educational courses sent **directly to The Board Office.***

College/University	Major Course of Study	Type of Degree Awarded	Date Degree Awarded	Is the degree program accredited by the National Environmental Health & Science Protection Accreditation Council (EHAC)

**7. Qualifying Environmental Health Experience in accordance with NC General Statute 90A-51 (2a) and 90A-53.**

*If applicable, list, in chronological order starting with your current or most recent employment, all work experience performing activities involved in the practice of environmental health that you are requesting The Board to consider as qualifying experience. Note that each employer listed must complete and submit NCEHS Form 4, Employment and Experience Verification Form, directly to The Board Office. In addition to the information provided below, applicants may choose to submit a résumé as supplemental information. Note, résumés are optional.*

Name and Complete Address of Employer	Period of Employment	Major Duties	Supervisor's Name, Telephone # and Email Address
	From		
	To		
	From		
	To		
	From		
	To		
	From		
	To		
	From		
	To		

**8. Current and Prior Registrations**

*If applicable, list all states in which you currently hold, or have held, Environmental Health registration/credentials. Note that you must have each registration state agency complete NCEHS Form 5, Registration Verification, and the completed form in a sealed envelope from the State Board must accompany this application for registration.*

State of Registration	State Credentialing Agency Title, Mailing Address and Email	Date of Original Registration	Registration Number	How Registered (Exam, Reciprocity, etc)	Years of Practice

**9. National Environmental Health Association Credentialed Exam**

*Attach a copy of the correspondence you received from NEHA regarding your exam score. The Board will contact NEHA directly to confirm the information that you provide.*

**Have you successfully completed the National Environmental Health Association’s Registered Environmental Health/Registered Sanitarian (REHS/RS) credentialed exam?**

Yes  No

If you answered yes to the previous question:

Date Exam Completed \_\_\_\_\_

NEHA Credentialed ID # \_\_\_\_\_

Percentage Score \_\_\_\_\_

**10. The Board requires Interns to complete the following Centralized Intern Training (CIT) modules. Please provide the comparable training that you have received.**

*Note that The Board will directly contact the state in which you are credentialed in to confirm the information you provide*

Module	Comparable Module Completed by Applicant	Credentialed Hours	State Credentialed	Date Credentialed
Food & Lodging Institutions (FLI)				
Child Care Center Sanitation (CCCS)				
Lead				
Tattoo Sanitation				
Public Swimming Pools				
On Site Wastewater (With & Without Wells)				

**11. Military Service**

Have you ever served in the armed forces of the United States or any other country?  Yes  No

Dates of Service From \_\_\_\_\_ To \_\_\_\_\_

If yes:

Have you been separated from such services?  Yes  No

State nature of separation \_\_\_\_\_

*If other than honorable, furnish a written statement, on a separate sheet of paper, detailing the circumstances surrounding your release.*

While in the armed forces, have any charges or complaints, formal or informal, been made or filed against you, or have any proceedings ever been instituted against you, or have you ever been a defendant in any court martial?  Yes  No

*If yes, attach a separate sheet of paper detailing each incident.*

Have you registered under the Selective Service Act of 1948?  Yes  No

**Include a copy of your DD Form 214, Certificate of Release or Discharge from Active Duty with your application package.**

**12. Certification**

I hereby authorize past and present business associates and governmental agencies (local, state and federal) to release information, files and records that may be required for review of my current and past employment and education to the North Carolina Board of Registered Environmental Health Specialist Examiners.

I have carefully read the questions in the foregoing application and have answered them completely and without reservation. Should the information provided in this application contain false information of any kind, I hereby agree that such act may constitute cause for the denial, suspension or revocation of my registration to practice environmental health in the state of North Carolina in accordance with NC General Statute 90A-53 through 69.

I further certify that I am of good moral character and have never been convicted of any felony, fraud or misdemeanor (except as disclosed herein) by any court; that the statements made herein are true, and that I have not suppressed any information that might affect this application. In the event I am registered as an environmental health specialist in North Carolina, I will conform to, abide by and comply with the statutes, rules and administrative code of the North Carolina Board of Environmental Health Specialist Examiners.

County of \_\_\_\_\_

State of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Before me, a Notary Public in and for the state and County aforesaid, personally appeared \_\_\_\_\_ to me known to be the person named, who, first being duly sworn, deposes and says that the signature hereto is his/her own signature, and that the statement made in his/her application to the North Carolina State Board of Environmental Health Specialist Examiners are true to the best of his/her knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

# 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:

NC State Board of Environmental Health Specialist Examiners  
PO Box 238  
Efland, NC 27243  
(919) 304-1168  
Fax: (919) 304-1165  
[rehs.board@dhhs.nc.gov](mailto:rehs.board@dhhs.nc.gov)

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



**NORTH CAROLINA STATE BOARD OF ENVIRONMENTAL HEALTH**

**SPECIALIST EXAMINERS**

**Registered Environmental Health Specialist**

**Code of Ethics**

As a Registered Environmental Health Specialist or Registered Environmental Health Specialist Intern, I pledge:

To practice my profession following recognized scientific principles with the full realization that the lives, health, and well being of people may depend upon my professional judgment and I pledge to protect the health and well being of the citizens of my community.

To be qualified for my position in the field of public/environmental health, and to maintain an acceptable level of competence by continued study, observation, and personal investigation.

To perform services only in the areas of my competence, and to properly represent my professional education, credentials, and experience.

To act responsibly to uphold the integrity of my profession, to avoid conduct or practice that may appear to or in actual fact discredits my profession.

To conduct myself in such a manner that the public is not deceived nor misled.

To be ethically loyal, professional and impartial to all parties: governmental, industrial, institutional or public.

To uphold and enforce the applicable laws, rules, and principles of public health to ensure equitable protection to the public.

To promote the highest attainable standard of health without discrimination on the basis of race, religion, cultural background, economic or social condition.

Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(SEAL) \_\_\_\_\_

**Notary Public**

**My Commission Expires:** \_\_\_\_\_

**NC State Board of Environmental Health Specialist Examiners**  
**Verification of Experience**

**Instructions to Applicant:** Complete the top portion of this form and forward to the employer(s) where you have completed the required experience. If you are self-employed or part owner, please have an appropriate third party (ex: local building official) complete this form.

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Employer listed on your application:

\_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
mm yyyy mm yyyy

**APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY**

This is to certify that the above individual, \_\_\_\_\_, was employed from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ by \_\_\_\_\_  
Mm yyyy mm yyyy company/entity

1. Job title of highest responsibility of the above named individual:

\_\_\_\_\_

2. List duties carried out under this job title:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Completing This Form:**

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

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return to the Board's main office one of three ways:**

**Postal Mail:**

NC State Board of Environmental Health Specialist Examiners  
P.O. Box 238  
Efland, NC 27243  
Phone: (860) 509-7559

**Fax:** (919) 304-1165 (please confirm receipt)

**Email:** [rehs.board@dhhs.nc.gov](mailto:rehs.board@dhhs.nc.gov)

# Registration/Credentials Verification

## North Carolina State Board of Environmental Health Specialist Examiners

**Applicant:** Each State Board in which you are, or have ever been, registered to practice environmental health must complete this form. You should complete the required information and then forward this form to the State Board from which you are requesting verification of registration. Some State Boards charge a fee to complete forms, so you should confirm the procedure for submitting this form prior to requesting completion. This completed form, **in a sealed envelope from the State Board**, must accompany the completed NC State Board of Environmental Health Specialist Examiners Registration Application you submit. **Copies of your license or renewal certificates are NOT acceptable.**

Applicant Name \_\_\_\_\_

Applicant Current Mailing Address \_\_\_\_\_

Applicant City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_

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**Licensing Authority:** Complete the required information and **return this form directly to the Applicant in a sealed envelope**. Should you have questions in completing the form, contact the NC State Board of Environmental Health Specialists via email ([rehs.board@dhs.nc.gov](mailto:rehs.board@dhs.nc.gov)) or via telephone [(919) 304-1168]. Additional contact information includes the Board's mailing address – Post Office Box 238, Efland, NC 27243 – and fax – (919) 304-1165.

I, \_\_\_\_\_, Representative of the \_\_\_\_\_ hereby certify that \_\_\_\_\_ was granted Certificate/License Number \_\_\_\_\_ to practice \_\_\_\_\_ in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Said license was granted by  State Licensing Exam  Regional Board Examination  Other (Explain)

If your State Board granted registration to the Applicant, did:

1. The examination include these evaluation components:

- Multiple-choice professional exam such as National Environmental Health Association (NEHA) REHS exam  
 Yes  No
- Written Essay. Subjects are varied and developed by the Board's Educational Committee  
 Yes  No
- Oral Interview conducted by Board members  
 Yes  No

If the answer to any of these is no, does your State Board offer a comparable module?  Yes  No  
If so, please explain. \_\_\_\_\_

**(Continue to Page 2 of Form)**

2. Has this individual's license ever been suspended or revoked?  Yes  No  
If yes, please attach necessary documentation.
3. Has this individual ever been disciplined by the State Board?  Yes  No  
If yes, please attach necessary documentation.
4. Is there any disciplinary action currently pending against this individual?  Yes  No  
If yes, please attach necessary documentation.
5. Is this individual's registration current?  Yes  No Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature of State Board Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Board Seal

Mike Causey, Commissioner of Insurance  
 Charlton L. Allen, Chairman  
 Yolanda K. Stith, Vice-Chairman



Philip A. Baddour, III, Commissioner  
 Linda Cheatham, Commissioner  
 Christopher C. Loutit, Commissioner  
 Tammy R. Nance, Commissioner

## North Carolina Industrial Commission

### Public Notice Statement

*required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017*

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4) (NC Department of Labor), 143-762(a)(3) (Employee Fair Classification Act), 96-1(b)(10) (Employment Security Act), 97-2(2) (Workers' Compensation Act), or 105-163.1(4) (Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

**Employee Classification Section**  
**North Carolina Industrial Commission**  
**1233 Mail Service Center**  
**Raleigh, NC 27699-1233**  
**Telephone: (919) 807-2582**  
**Fax: (919) 715-0282**  
**Email: [emp.classification@ic.nc.gov](mailto:emp.classification@ic.nc.gov)**

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]

*As an applicant of the North Carolina State Board of Environmental Health Specialist Examiners, I certify, via my signature below, that I have read and understand this Public Notice Statement.*

*I have not been investigated /*  *I have been investigated for employee misclassification. If applicable, attach the results of the investigation to this application.*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*