

# North Carolina State Board of Environmental Health Specialist Examiners

## RENEWAL APPLICATION TO PRACTICE AS AN ENVIRONMENTAL HEALTH SPECIALIST OR ENVIRONMENTAL HEALTH SPECIALIST INTERN IN 2021

In response to the limited the availability of continuing education opportunities brought on by COVID 19, the Board approved the following rule changes:

- **Continuing Education** – For 2020 (**ONLY**), continuing education hours are optional and not required. If you choose to complete CE hours this year, you can carryforward a maximum of 5 hours into 2021. **This renewal form will not reflect your 2020 continuing education hours even though they may be logged into the RSTAS database.**
- **Environmental Health Law Course** – If you are in your fourth year of registration and have not yet attended the Environmental Health Law course, you will have one additional year to complete the course.
- **Centralized Intern Training** – Interns registered with the Board in 2020, you will have 18 months to complete Centralized Intern Training (CIT) instead of 12.

### What remains the same?

- **Annual Renewal** – The renewal fee for applications **submitted/postmarked by December 31, 2020**, is **\$50.00**. For applications submitted/postmarked **after December 31, 2020**, the fee is **\$75.00**. There is a \$20.00 service charge plus actual bank charges on all returned checks.
- **Payment Options** - The Board encourages you to pay online using our secure online payment system, <https://ncrehs.com/rehs-online-payment/>. If you choose to pay with a check or money order, mail your payment to NC State Board of Environmental Health Specialist Examiners, PO Box 238, Efland, NC 27243.

There are two options for completing this form – (1) online using the Registered Sanitarian Training and Authorization System (RSTAS) (<https://rstas.dhhs.state.nc.us/>), and the system will automatically complete the form for you or (2) you can print the form and complete it manually.

### 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 \_\_\_\_\_

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: \_\_\_\_\_