

North Carolina State Board of Environmental Health Specialist Examiners

RENEWAL APPLICATION TO PRACTICE ENVIRONMENTAL HEALTH IN 2026

Note: If completing this form on-line using the Registered Sanitarian Training and Authorization System, RSTAS (<https://rstas.dhhs.state.nc.us/>), the system prefills Sections 1 and 2 of this form for you after you enter your 2025 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 # _____

Employer Address _____ City _____ Zip _____

Home Address _____ City _____ Zip _____

Personal Tel # _____ Home Email Address _____

2. 2025 Continuing Education Completed

Per NC Rule 21 NCAC 62 .0407(f), each year, registrants **must** complete a **minimum of 15 Board approved Continuing Education (CE) hours**. To attain the 15-hour mark for 2025, you can carry forward a **maximum of 5 Board approved CE hours from 2024, if you completed more than 15 CEs in 2024**. 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. The **Board requires proof of attendance such as certificates or class rosters, for courses taken**.

Course #	Name of Course	Date of Course	Clock Hours Attended

3. NC Public Health Law Course - Per NC Rule 21 NCAC 62 .0407(e), within the first 4 years of **initial** registration, registrants must complete the Board approved NCEHSOP NC Public Health Law course.

- Are you within 4 years of the date of your initial registration? ☐ Yes ☐ No
- If you answered yes, have you completed the SOP NC Public Health Law course yet? ☐ Yes ☐ No

4. RESPONSE REQUIRED TO COMPLETE RENEWAL - Per NCGS 93B-2(a)(9b), in the last year have you been convicted of, or entered a plea of guilty or no contest, to any felony or misdemeanor other than a minor traffic violation? **If yes, provide details on an attached sheet and attach a copy of any final judgment/order.**

☐ 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: _____

Renewal Cost

Submitted/postmarked **by** December 31, 2025 - \$50.00
Submitted/postmarked **after** December 31, 2025 - \$75.00

Online payments: <https://ncrehhs.com/rehs-online-payment/>

Mail check or money order to NC State Board of Environmental Health Specialist Examiners, PO Box 238, Efland, NC 27243