Registration Application

NC State Board of Environmental Health Specialist Examiners

For Board Use ONLY

REHS # _____
Date App'd by Board _____
Note:

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) online or by mail:

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

Questions? Email rehs.board@dhhs.nc.gov or call (919) 304-1168

Note: This application references the NC State Board of Environmental Health Specialist Examiners throughout as "the Board"

1. **Name** _____ _____ _____
Last **First** **Middle**

2. **Application Type**
Some applicants 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)**
- ☐ **Intern with No Previous Experience, Public Health degree**
- ☐ **Intern with No Previous Experience, Non-Environmental Health or Public Health Degree**
- ☐ **Applicant with Previous Qualifiying Experience in North Carolina**
Requesting credit for previous environmental health professional experience in North Carolina in accordance with NC General Statute 90A-53
- ☐ **Applicant with Previous Qualifiying Environmental Health Experience outside of North Carolina**
Requesting 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))**
- ☐ **Environmental Health Associate, Associate's Degree with a minimum of 15 semester hours or its equivalent in physical, biological, life, or health sciences**

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.

Title of Current Position _____

Date Employed in Current Position _____

Name of Current Employer _____

Current Employer Mailing Address
Street or Post Office Box _____

_____ _____ _____
City **State** **Zip**

Work Phone _____ **Work Cell** _____

Work Email _____

Name of Current Supervisor _____

4. Personal Information

Personal Mailing Address
Street or Post Office Box _____

_____ _____ _____
City **State** **Zip**

Personal Phone _____

Personal Email _____

Date of Birth _____ **Social Security** _____

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 it is the applicant's responsibility to have certified transcript(s) of all degrees and educational courses sent ***directly to the Board Office****. The board prefers electronic copies emailed directly to our office and will accept paper copies sent via USPS, as well.*

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.

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 each registration state agency must complete NCEHS Form 5, Registration Verification, and submit the completed form directly to the board office.

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 (NEHA) Credentialed Exam

Applicants must give NEHA permission to release NEHA exam results to the board office.

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 all new registrants to complete the following Centralized Intern Training (CIT) modules. If you have previous environmental health experience in another state and have completed comparable training, please provide the information below.

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