



North Carolina Environmental Health State of Practice  
Continuing Education Training Courses

### REGISTRATION FORM

Course Title: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

County of Employment: \_\_\_\_\_ REHS/Intern Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**\*\*\*Please specify if special accommodations are needed\*\*\***

\_\_\_\_\_

**All information must be completed and returned to:**

NCEHSOP  
PO BOX 316  
Wentworth, NC 27375

With payment of check or money order made out to NCEHSOP for the total of (please write down and enclose the appropriate amount): \$ \_\_\_\_\_

**\*\*\*SHOULD BE POSTMARKED AT LEAST 7 CALENDAR DAYS FROM THE FIRST DAY OF THE COURSE IN ORDER TO HELP ENSURE AVAILABILITY.\*\*\***

**\*\*\*Please note: Registration payment can also be made by credit card. Please refer to our website at: NCEHSOP.org for a credit card payment form and instructions.\*\*\***