



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.*****