

NORTH CAROLINA ENVIRONMENTAL HEALTH STATE-OF-PRACTICE COMMITTEE

Training designed by Environmental Health Specialists for Environmental Health Specialists

Application for Committee Membership

Name:		
Phone Number:	Email:	
	••	
Employer:		
	restaurant inspections, etc.):	
Supervisor:	Supervisor Phone #:	
	••	

In a few sentences, please explain why you want to be a part of NCEHSOP and how you think you can help our Committee continue to be successful (if more space is needed, please attach to this application):

Please list any organizations of which you have been a member or are presently a member, along with any awards you may have won. Please list dates of membership and awards:		
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References (please list 3 that can be contacted that can	n verify your value to NCEHSOP):	
Name:	Phone #:	
Relationship:		
Name:	Phone #:	
Relationship:		
Name:	Phone #:	
Relationship:		

NCEHSOP Expectations:

NCEHSOP members serve terms of three (3) years, with no limit on how many times you may be re-appointed.

NCEHSOP members are expected to attend all quarterly meetings (4 meetings/year), and in no case attend less than 3 quarterly meetings in a calendar year. If a member attends less than 3 meetings and is unable to provide a written explanation that is approved by the executive committee, the member may forfeit their seat on the Committee.

NCEHSOP members shall actively participate in at least one (1) technical sub-committee.

NCEHSOP members shall abide by the By-Laws of the North Carolina Environmental Health State-of-Practice Committee, a Not For Profit Corporation.

NCEHSOP members are expected to help teach and facilitate courses to provide continuing education in our field of Environmental Health and be active members.

NCEHSOP members are expected to have strong ethical values, and to be respected by their peers.



By signing below, I understand that:

- This in no way guarantees my acceptance on the North Carolina Environmental Health State-of-Practice Committee; and
- That if chosen to join the Committee, I understand the NCEHSOP expectations as written above; and
- That my supervisor must approve of my potential NCEHSOP membership.