



Application for 2019 NCEHSOP Whitwam & Dideriksen Educational Scholarships

I. Personal/Employment Information

Applicant Name (Last, First):

Home Address:

Home Phone Number:

Personal Email:

Employed by:

Title:

REHS Registration Number:

Work Address:

Work Phone:

Work Email:

Work Fax:

Number of Years of Experience in a Regulatory Environmental Health Capacity:

Supervisor:

Title:

Phone:

Email:

Applicant's Assigned Area(s) of Environmental Health Practice:

Current Authorizations Held:

II. Educational Event Information

Title of Educational Event:

Location (City, State):

Date(s):

Type of Event (e.g. Conference, seminar, specific course, etc.):

Event Sponsor (e.g. NEHA, FDA, NCEHSOP, etc.):

Sponsor Contact Person:

Phone:

Email/Website:

Estimated Number of Educational Credit Hours Available:

III. Professional Development Information

Are you an active member, and/or current or past officer, of an environmental health-related professional association such as a regional environmental health education district, NCPHA, etc.? (Please specify):

Please check any NCEHSOP courses (from the following list) that you have attended:

2018

- Childcare & School Sanitation
- Effective Communication
- Environmental Health Law
- FD 215: Managing Food Safety at Retail
- Food Truck On: Fall Session
- Food Truck On: Spring Session
- Food Establishment Plan Review
- Lead Investigation & Remediation
- Seafood Quality & Safety
- 2018 Environmental Health Symposium

2017

- Advanced Soils: Piedmont
- Childcare & School Sanitation
- Clay Mineralogy
- Emergency Preparedness
- Environmental Health Law
- FDA Program Standards Audit
- FD 218: Risk Based Inspection Methods at Retail
- Groundwater & Wells
- Lead Investigation & Remediation
- Seafood Quality & Safety
- 2017 Environmental Health Symposium

2016

Basic Seafood HACCP

- Childcare & School Sanitation
- Clay Mineralogy
- Emergency Preparedness
- Environmental Health Law
- FD 218: Risked Based Inspection Methods at Retail
- Food Establishment Plan Review
- Groundwater & Wells
- Lead Investigation & Remediation
- Onsite WW: Repairing Small Systems

2015

- Childcare & School Sanitation
- Environmental Health Law
- FD 312: Specialized Processes at Retail
- Food Establishment Plan Review
- Groundwater & Wells
- Lead Investigation & Remediation
- Onsite WW: Repairing Small Systems, Lenoir
- Onsite WW: Repairing Small Systems, Hillsborough
- Rabies & Other Zoonotic Diseases
- Seafood Quality & Safety

IV. Justification for Attending this Event (feel free to attach additional pages if necessary)

Briefly describe why you (the applicant) believe that attending this educational event will benefit you in your role as an environmental health specialist.

Do you believe that this event would be unavailable to you without the benefit of a scholarship? (explain)

If you are awarded this scholarship would you be willing to conduct a presentation describing the event attended and your experiences there? Yes No

Is there anything else that you would like to add that you believe helps support your application for this scholarship?

V. Supervisor's Input

As this employee's supervisor, briefly describe why you believe that this educational event would be beneficial to this employee and to your department.

Is there anything else that you would like to add that you believe helps justify the awarding of this scholarship to this employee?

I, the supervisor of: _____, confirm that if this employee receives a NCESHOP scholarship for the educational event as detailed in this application then he/she has permission to attend that event.

Signed _____, Date _____

VI. Estimated Expenses

Please provide the following estimated expenses that you would incur by attending this educational event.

1. Transportation Costs

Air Travel : \$
Rental Car: \$
Rail: \$
Personal Mileage: \$ (reimbursed at \$0.30 per mile)
Other (specify): \$

2. Lodging: Lodging costs will be reimbursed at \$150 per day OR the established event rate. Number of nights: @ \$150 per night; OR event rate of \$ = \$ total lodging cost.

3. Meals will be reimbursed at a total \$45 per day.

Number of days: @ \$45 per day = \$ total meals cost.

4. Registration Fee(s): \$

5. Miscellaneous: \$ Please specify:

*Official receipts are required for **ALL** expenses submitted for reimbursement except personal vehicle mileage and meals. Personal mileage and meal reimbursement forms (provided by NCEHSOP) must be completed by the candidate and submitted for reimbursement once the educational event has been attended. These forms can be obtained by emailing NCEHSOP.org*

VII. Supporting Documentation

Please provide the following documents in support of this application:

1. Official announcement / description, of the educational event.
2. Official agenda, outline, etc. for the event detailing presentations / topics offered along with times and dates for the individual presentations / sessions.
3. Any other supporting documentation that you believe relates to this event.

Note: If this is a regularly held event (e.g. Annual FDA Food Safety Conference, etc.) and the agenda for this event is not yet available you may include an agenda and other information from the most recently held meeting or conference for this same event.

I, (print name) _____ , the applicant for this scholarship do hereby attest that all information provided is accurate and truthful to the best of my knowledge. I understand that the NCEHSOP Committee reserves the right to award, or refuse to award, these scholarships to anyone for any reason and is not obligated to provide justification to anyone regarding its decisions. I acknowledge that I waive all rights to appeal the decisions made by the NCEHSOP Committee in regards to the granting of this scholarship. Further, I understand and accept that funding provided to me under this scholarship program will not exceed a total of \$1,500 and that it is my responsibility to provide the NCEHSOP Committee with all required documentation upon completion of the educational event before reimbursement will be made to me by the Committee.

Signed: _____ Date: _____