

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR DELEGATION OF AUTHORITY

New Transfer REHS NUMBER _____

PLEASE PRINT CLEARLY AND COMPLETE ALL LINE ITEMS

DATE OF EMPLOYMENT: _____

NAME: _____ MAIDEN: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ WORK EMAIL: _____

CURRENT COUNTY OF EMPLOYMENT: _____

CURRENT COUNTY ADDRESS: _____

HEALTH DIRECTOR NAME & EMAIL: _____

SUPERVISOR NAME & EMAIL: _____

PREVIOUS COUNTY OF EMPLOYMENT: _____ DATE LEFT: _____

CIT TRAINING: LOCATION: _____ DATES: _____

PREVIOUS AUTHORIZATION:

() CCSS () FLI; Migrant Housing () POOLS () WELLS
() CLPP () OSWP; Migrant Housing () TATTOO

TYPE OF AUTHORIZATION REQUESTED:

() CCSS () FLI; Migrant Housing () POOLS () WELLS
() CLPP () OSWP; Migrant Housing () TATTOO

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed. Forms with missing information will not be processed.

Distribution: 1. Original to: ehs.authorization@dhhs.nc.gov - CIT and Authorizations
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.