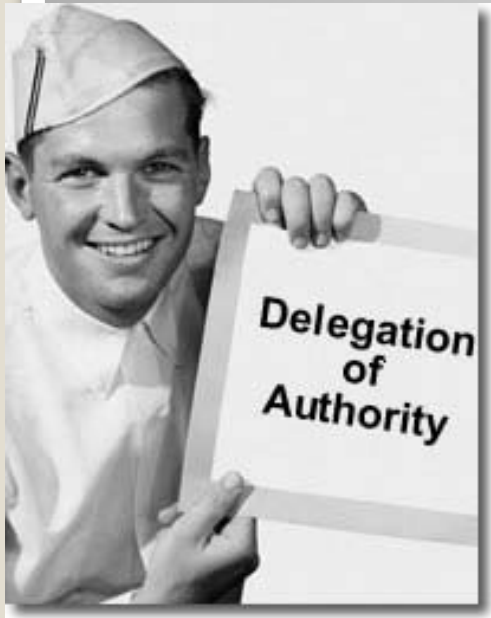


Delegation of Authority

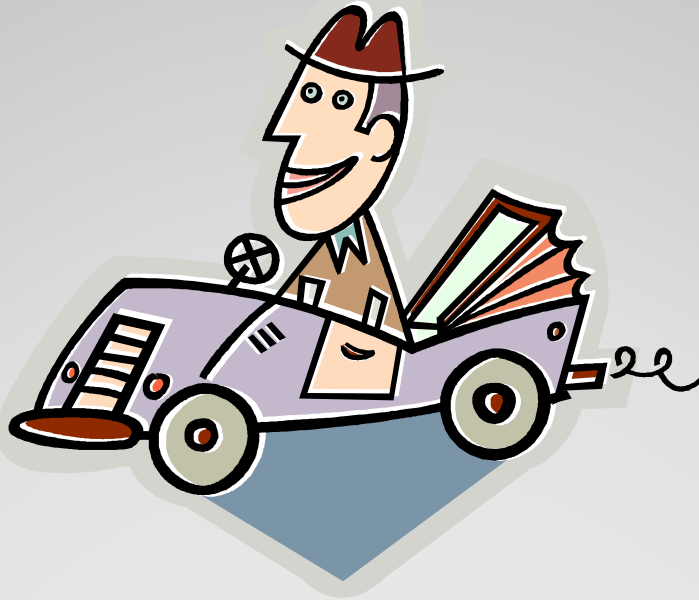
The Office of Education & Training

- Recognize what is an authorization
- Identify the steps/stages for obtaining an authorization
- Identify where you can obtain the necessary forms



Authorization Objectives

What is an authorization?



What is an authorization?

- Agent of the state
- Delegated the authority
- Valid in local health department's territory (a.k.a. county or district)



Authorization Areas

- Food, Lodging, & Institutions*
- On-Site Wastewater*
- Pools
- Child Care Centers
- Child Lead Prevention
- Tattoos
- Migrant Housing*
- Private Drinking Water Wells



*Migrant Housing is included with FLI & OSWW

Getting your authorization!

First things First!



North Carolina State Board of Sanitarian Examiners

[Home](#)

[Applications & Forms](#)

[Board Members](#)

[Code of Ethics](#)

[Continuing Education](#)

[Directory](#)

[Exam](#)

[Intern Application](#)

[Laws and Statutes](#)

[Links](#)

[Meetings](#)

[Registration Renewal](#)

[What's New](#)

[Contact the Board](#)

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The mission of the NC State Board of Sanitarian Examiners is to assure that the services performed by Registered Sanitarians are ethical, legal, and provide appropriate protection of the

Register with the RS Board!

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exam questions.

The Board holds routine meetings to do business, consider requests for continuing education credit, approve applications for registration, consider exam grades, issue certificates of registration, and perform routine business of the Board. The examination is offered three times a year, once each in the West, the Piedmont, and the East part of North Carolina.

webmaster@rsboard.com

Steps to your authorization

Delegation of authority



LHD Employee

→ Training Stage

Training Stage

- Attend all of CIT
- Successfully complete CIT
 - 100% attendance
 - 80% or higher on all exams
 - Turn in all required homework/
practice inspections



Steps to your authorization

Delegation of authority



LHD Employee

→ Practice Stage

→ Training Stage

- Each authorization you will be required to perform an identified number of practice inspections.
- Submit practice inspections to your Regional Specialist.
- Complete the authorization checklist and request for delegation form, and submit to the Office of Education & Training (OET).

Practice Stage

Authorization procedures checklists

On-Site Wastewater Authorization Procedures

Original Set

(Please make all copies and discard
all previous forms)

Authorization Procedures Revised
June 24, 2004

Child Care Centers Authorization Procedures Original Set

(Please make all copies and discard all previous forms)

Authorization Procedures Revised
May 31, 2004

Food, Lodging & Institutions Authorization Procedures

Original Set

(Please make all copies and discard all
previous forms)

Authorization Procedures Revised
June 24, 2004

Public Swimming Pools Authorization Procedures

Original Set

(Please make all copies and discard
all previous forms)

Authorization Procedures Revised
June 24, 2004

Tattoo Program Authorization Procedures

Original Set

(Please make all copies and discard all
previous forms)

Authorization Procedures Revised
November 30, 2001

Childhood Lead Poisoning Prevention Authorization Procedures

Original Set

(Please make all copies and discard
all previous forms)

Authorization Procedures Revised
January 10, 2001

Application for Delegation of Authority form

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

Initial Authorization Re-authorization Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

() CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

() CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

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.

Distribution:
1. Original to: Education & Training, Environmental Health Section
1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
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.

Additional Forms: This form may be copied as needed.
DPH-EHS 1056 (REVISED 2/23/12)
A.D.B.

FORMS



Visit our [website](#) to access the authorization forms:

You and your supervisor are responsible to complete them as directed.

Steps to your authorization

Delegation of authority



LHD Employee

→ Evaluation Stage

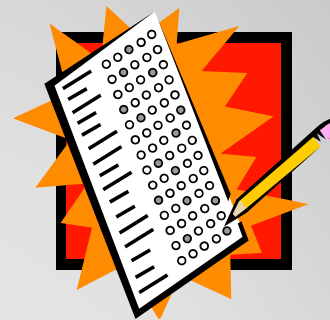
→ Practice Stage

→ Training Stage

Evaluation Stage

Regional specialist will...

- Give you a field evaluation
- Give you a written exam
 - 70% or higher



Steps to your authorization

Delegation of authority



LHD Employee

→ Reward Stage

→ Evaluation Stage

→ Practice Stage

→ Training Stage

Reward Stage

Upon successful completion...

- Given the Delegation of Authority in the requested area
- Mailed an ID card indicating you are an agent of the state



**Don't forget about
your authorization
manual!**



Authorization Manual

Questions

