



Course Certification

This course is specifically designed for the new environmental, health and safety (EHS) professional. With this in mind, only applicants who are currently employed as an EHS professional and have five years or less experience in EHS will be accepted into the course.

Your Information

Course Date: _____

Name: _____

Job Title: _____

EHS Role or
Responsibility: _____

Employer: _____

Email Address: _____

Mailing Address: _____

City: _____

Zip Code: _____ Phone: (____) _____ - _____

Experience

Please note: Maximum of five years of environmental, health and safety experience.

Number of months: _____

Currently employed: _____

By signing this certification, you are certifying that you have five years or less of EHS experience and are currently employed as an EHS professional.

Signature: _____ Date: _____

Submit your certification via fax to 919-807-2876 or email to wanda.lagoe@labor.nc.gov.