

Authorization Manual

This manual is comprised of the steps required for authorization as outlined by the Environmental Health Section. The Environmental Health Section is charged with delegating authority to local environmental health specialists to enforce state sanitation rules.

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Authorization overview

Authorization is the delegation of authority granted by the Department of Health and Human Services (DHHS), Environmental Health Section (EH Section), to the Registered Environmental Health Specialist (REHS) in the Local Health Departments (LHD) to administer and enforce the NC General Statutes and the sanitation rules of the Commission of Health Services.

Environmental Health Section's Mission Statement is:

"To safeguard life, promote human health, and protect the environment through the practice of modern environmental health science, the technology, rules, public education, and above all, dedication to the public trust."

The purpose of an authorization is to ensure that the REHS of the state have the specific authority to enforce state laws and sanitation rules of the Commission for Health Services. The rules for authorization are to support the mission of DHHS/EH Section by providing a minimal set of requirements that authorized agents of the state must meet. There are currently eight authorizations:

- Child-Care Center Sanitation (CCC)
- Childhood Lead Poisoning Prevention (CLPP)
- Food Lodging and Institutions (FLI)*
- Migrant Housing (MH)
- On-Site Wastewater (OSWW)*
- Public Swimming Pools (Pools)
- Tattoo Sanitation (Tattoos)
- Private Drinking Water Wells (WELLS)

Each of these authorizations requires a specific set of practice/field experiences, along with a specific authorization test. The applicant and an authorized REHS within the county of employment conduct the initial practice/field experiences. Once the request for authorization has been forwarded to EH Section, Office of Education & Training, a regional specialist will conduct an overall assessment of the applicant's work. This assessment will include reviewing the initial practice work, administering a written examination specific to the type of authorization requested, observing fieldwork performed by the applicant and evaluating the applicant's ability to properly enforce the specific laws and rules.

Before any authorizations can be granted, the Centralized Intern Training (CIT) Program conducted by EH Section must be completed.

Centralized Intern Training completion requirements

Both the EHS and the OSWW modules must be completed before an intern begins working toward an authorization. It is the responsibility of the supervisor and intern to complete the CIT program within the designated time frame. One hundred percent (100%) attendance is required for an REHS acquiring an RS and eighty percent attendance of the specific authorization area is required for a REHS who currently holds an valid RS.

Authorization Procedure

Authorization Rule: 15A NCAC 10 .0100 determines regulation of authorizations for local REHSs serving as agents of the state. The authorization process is outlined below. When attendance at CIT is required, EH Section will pay partially for room and board, and mileage for one round trip from the LHD.

[Authorization Rules](#) can be located online.

Applicants never previously authorized are required to complete the following steps:

1. Be hired at least two weeks (10 business days) prior to CIT.
2. Register applicant with the Board of Sanitarian Examiners (REHS Board).
3. Register applicant for CIT.
4. Complete the required CIT orientation checklists.
5. Complete CIT modules.
6. Complete the Authorization Procedures checklist. Each authorization area has its own specific Authorization Procedures checklist. There are specific numbers of practice fieldwork required for each authorization, which is detailed in each of the Authorization Procedure checklists.
7. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested and submit to OET.
8. OET will notify the appropriate Regional Specialist that the REHS has applied for authorization and the Regional Specialist can begin their evaluation.
9. Applicant must submit practice fieldwork to the appropriate Regional Specialist.
10. Regional Specialist will evaluate the applicant's practice fieldwork and schedule a time to evaluate the applicant. The evaluation consists of two sections: a written exam and field evaluation.
11. A score of 70% or higher is required on the written exam before the field evaluation will be scheduled.
12. Regional Specialist will evaluate the applicant's field performance.
13. If field evaluation is satisfactory, recommendation for authorization is forwarded to the OET for processing. If field evaluation is not satisfactory, recommendation for denial with reasons and recommendations for improvement are forwarded to the OET for processing.
14. The State Health Director sends an authorization letter to the applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Comprehensive Authorization

Before March 13, 1998, an REHS was granted authorization in Child Care Center (CCC) sanitation, Public Swimming Pools (Pools), and Tattoos if the REHS agent obtained their Food, Lodging, and Institutions (FLI) or On-site wastewater (OSWW) authorization. Since March 13, 1998, CCC, Pools, and Tattoo authorizations have required training, dedicated authorization procedure checklist, and evaluations from a Regional Environmental Health Specialist.

The Section currently recognizes the comprehensive/grandfathered authorization based upon the following criteria:

- Obtained FLI or OSWW authorization prior to March 13, 1998.
- Have not transferred your comprehensive authorization after March 13, 1998.
- Have not allowed your FLI comprehensive authorization to lapse after March 13, 1998.
- Are not requesting contract work for CCC, Pools, or Tattoos.

REHS granted a comprehensive authorization before March 13, 1998 can request a formal evaluation from a Regional Specialist to obtain a specific authorization for CCC, Pools, and Tattoos. This formal evaluation includes the authorization exam and a field evaluation from the Regional Specialist.

Child Care and School Sanitation Authorization

Effective July 01, 2006, the Child Care Centers (CCC) authorization will include the .2400 rules, Sanitation of Public, Private and Religious Schools, thus will be referred to as Child Care and School Sanitation (CCSS). Previously, the delegation of authority to enforce the .2400 rules was issued with the FLI authorization.

For authorizations granted in FLI prior to July 01, 2006, the REHS will be authorized to perform school sanitation inspections as part of their authorization related duties. REHS authorized in FLI after July 01, 2006 must obtain their CCSS authorization to perform and enforce the .2400 rules, Sanitation of Public, Private and Religious Schools.

If the EHS holds a FLI comprehensive authorization and transfers or has a lapse in their comprehensive authorization, he or she will be required to apply for the child care and school sanitation authorization individually. This includes attending relevant portion of CIT, practice fieldwork, and evaluation from the Regional Specialist.

Lapsed Authorization *A lapse in delegation of authority flowchart is available on page 10 of this manual.*

The following procedure is required of all REHS that have a lapse in their authorization(s). There are no exceptions. For all comprehensive authorizations granted in FLI prior to March 13, 1998, that have lapsed, the REHS will be required to apply for child care, public swimming pools, and tattoo authorizations individually. This includes attending relevant portion of CIT, practice fieldwork, and evaluations from the Regional Specialist.

If an individual's employment status with a county is terminated after the completion of CIT, but before the individual has satisfactorily completed each requirement for an authorization, upon rehire with a LHD the individual must satisfactorily complete all authorization procedures before he or she will become eligible for an authorization. Additionally, the individual will be required to adhere to the training requirements as outlined in the lapse in delegation of authority rule (15A NCAC 01O .0104).

Applicants must apply for initial authorization within **three (3)** years of CIT completion. Failure to do so will result in the REHS having to attend CIT again for the area of authorization interest. This is in accordance with the lapsed delegation guidelines for a lapse greater than three years.

Requirements for receiving authorization in an area in which delegation of authority has lapsed are as follows:

Lapse less than one year

1. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested.
2. Submit the authorization request to the OET.
3. OET will notify the Regional Specialist of the request.
4. Regional Specialist can elect to perform a field evaluation with the applicant.
5. Regional Specialist can assess training needs and recommend training if needed.
6. State EH Director sends an authorization letter to applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Lapse greater than one year and less than three years

1. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested and the corresponding checklist with a specific number of practice fieldwork.
2. Submit the authorization request and checklist to the OET.
3. OET will notify the Regional Specialist of the request.
4. The applicant must submit their practice fieldwork to the appropriate Regional Specialist.
5. Regional Specialist will evaluate the applicant's practice fieldwork and schedule a time to evaluate the applicant. The evaluation consists of two sections: a written exam and field evaluation.
6. A score of 70% or higher is required on the written exam before the field evaluation will be scheduled.
7. Regional Specialist will evaluate the applicant's field performance.
8. If field evaluation is satisfactory, recommendation for authorization is forwarded to the OET for processing. If field evaluation is not satisfactory, recommendation for denial with reasons and recommendations for improvement are forwarded to the OET for processing.
9. State EH Director sends an authorization letter to applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Lapse is greater than three years and less than five years

1. Register for the specific portion CIT for which the authorization is requested.
2. Complete the required CIT orientation checklists.
3. Successfully complete the specific portion of CIT for which the authorization is requested.
4. Complete steps 1-9 for a Lapse greater than one year but less than three.

Lapse is greater than five years

1. Register for CIT.
2. Successfully complete ALL of CIT.
3. Complete ALL of the CIT orientation checklists.
4. Complete steps 1-9 for a Lapse greater than one year but less than three.

Change of employment between health departments

See Change of employment between health departments flowchart on page 11 of this manual

All authorizations are county specific. If you move from one LHD to another LHD, the REHS agent is responsible for notifying the Section by requesting authorization(s) in the new county. Each REHS will be required to perform one of two procedures in order to obtain an authorization in the new LHD, determined by the amount of time that you have or have not worked in the authorization area.

EHS worked in the requested area of authorization within the last year:

1. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested.
2. Submit the authorization request to the OET, who will notify the Regional Specialist of the request.
3. Regional Specialist can elect to perform a field evaluation with the applicant.
4. Regional Specialist will assess training needs and recommend training if needed.
5. State EH Director sends authorization letter to applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Greater than one year (>1 yr.) since the REHS has worked in the requested area of authorization:

1. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested.
2. Complete the Authorization Procedures checklist. Each authorization area has its own checklist with a specific number of practice fieldwork required.
3. Submit the authorization request and checklist to the OET.
4. OET will notify the Regional Specialist of the request.
5. Regional Specialist can elect to perform a field evaluation with the applicant.
6. Regional Specialist will assess training needs and recommend training if needed.
7. State EH Director sends an authorization letter to applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Contractual authorization

15A NCAC 01O .0105 allows for authorized REHSs to contract in a different LHD than the LHD in which the agent is employed. **For all comprehensive authorizations granted in FLI prior to March 13, 1998, the REHS will be required to apply for child care, public swimming pools, and tattoo authorizations individually. This includes attending relevant portion of CIT, practice fieldwork, and evaluations from the Regional Specialist.**

In order to qualify for contract work, the agent must satisfy the following items:

- Must be employed by a LHD.
- Must have current authorization in home LHD.
- Must agree that each public record created by the contracting agent shall be reviewed, dated, and initialed by an authorized agent of the contracting LHD. In addition, at least 10 percent of the activities performed by the agent shall be reviewed in the field by an authorized agent employed by the contracting LHD. If the contracting LHD has no authorized agent, the Section shall conduct a review of each public record created by the contracting agent. In addition, at least 10 percent of the activities performed by the agent shall be reviewed on-site in the field by the Section. The review shall be conducted each month and shall cover the previous month's activities conducted by the agent.
- Contract authorizations must be renewed on an annual basis.

Contract Procedure:

1. Request for contract authorization and Section approved contract must be submitted to the OET.
2. OET will notify the Regional Specialist of the applicant's request for contract work.
3. Regional Specialist may evaluate the applicant.
4. Regional Specialist's recommendation for authorization is forwarded to the OET for processing.
5. State EH Director sends a contract authorization letter to applicant; carbon copy to supervisor, and the Regional Specialist with approval or denial of authorization. If approved, a copy of the contract authorization will also be provided to the contracting LHD and the applicant's LHD of employment.

Delegation of authority for former Environmental Health Section Employees

EH Section employees whose job duties require them to perform/inspect or oversee duties/responsibilities delegated to local REHS may qualify for a delegation of authority from the Section once their employment with EH Section has concluded. Any authorization request made within 3 or less years from the employment ending date can qualify for an authorization without attending CIT. The individual is still required to be evaluated by the Regional Specialist. The Regional Specialist may require appropriate training before being eligible for an authorization based on the results of the evaluation. For periods exceeding 3 years, the former EH Section employee must attend the portion of CIT relevant to the authorization requested.

For an authorization outside of the former EH Section employee's area of expertise, the individual will be required to attend CIT regardless of the amount of time that has lapsed between employment end date and the authorization request date.

Authorization request procedure (less than or equal to 3 years):

1. Obtain employment with a LHD or Alliance.
2. Submit request for delegation of authority to the OET.
3. OET notifies appropriate Regional Specialist for approval.
4. Regional Specialist evaluates applicant and determines if further training is required for the approval of the Authorization requested.
5. Regional Specialist approves/denies request and notifies OET for processing.

Authorization request procedure (greater than 3 years):

1. Obtain employment with a LHD or Alliance.
2. Attend and successfully complete the appropriate portion of CIT.
3. Submit request for delegation of authority to the OET
4. OET notifies appropriate Regional Specialist for approval.
5. Regional Specialist approves/denies request and notifies OET for processing.

Authorization denial, suspension, and revocation

The State EH Director may deny, suspend, or revoke an authorization(s) in accordance with .0107(a) (1-6). The State EH Director may also place an individual on "conditional" status for up to six months. During this time, the State EH Director may suspend or revoke an authorization if satisfactory progress is not made. The Director of DEH may suspend or revoke after the conditional period if the individual does not demonstrate the necessary knowledge, skills and ability, to warrant an unconditional authorization.

Conditional authorization action *See the authorization action flowchart on page 12 of this manual*

The following steps serve to provide a uniform guidance for the regional specialist to follow when investigating the performance of a local authorized agent.

1. A performance problem is identified by:
 - Request from a LHD;
 - Direct observation by the Regional Specialist of substandard performance;
 - Request for assistance from a LHD, after they suspect a performance problem exists, or; a complaint from outside the Section (e.g., a citizen complaint, etc.).
2. The Regional Specialist contacts their branch head, the Section's OET, the local supervisor, and the authorized agent in question about the problem.
3. The Regional Specialist investigates the performance problem.
4. The Regional Specialist contacts the State EH Director, their branch head or the branch head's designated representative and the OET to advise them of the results of the investigation, and consults as to how to proceed.
5. The Regional Specialist contacts the local health director, local supervisor, and the authorized agent in question about the problem to discuss what further action is needed.
6. If no further action is needed, the findings of Step 3 are discussed with the local supervisor and the authorized agent in question. A letter is sent to the local health department and other involved parties of the findings.
7. If further action is needed, the Regional Specialist determines if performance can be improved through further training, education, practice, and evaluation.

If the performance cannot be improved by the items in Step 7, the Regional Specialist, their branch head, or the branch head's designated representative consults with the Attorney General's (AG) office before issuing an *Intent to Suspend* or *Intent to Revoke* authorization of the agent.

If the performance can be improved by the items in Step 7, an action plan is created with input from the local health director, local supervisor, and the branch head or the branch head's designated representative and the OET.

8. The State EH Director issues a letter that has been approved by the AG's office to the local supervisor and the authorized agent in question during a conference; including the action plan, and outlining why the agent's authorization status is changing.
9. The action plan is initiated.
10. In accordance with the action plan, the Regional Specialist writes a summary of the agent's progress and any further recommendations to the local supervisor, the branch head, and the OET.
11. If at the end of the conditional status, or at any point during the conditional period, the Regional Specialist has evidence that the performance cannot be improved by the action plan, the Section contacts the AG's office to receive input before issuing an *Intent to Suspend* or *Intent to Revoke* the authorization of the agent.
12. If the performance has been corrected at the end of the conditional status, the findings are discussed with the local health director, local supervisor, the branch head or the branch head's designated representative and the OET. A letter is sent to the local agent and other involved parties (person who lodged complaint, etc.) of the findings, and the conditional status is removed.

Appeals:

An agent may appeal a denial, suspension, and/or revocation in accordance with G.S. 150B. If an appeal is properly submitted in a timely matter they may continue to work as an authorized agent in the area in question until a final agency decision is made pursuant to G.S. 150B-36. However, all inspection forms and permits completed by the agent during that period must be countersigned by another authorized agent who concurs with the findings and conclusions reflected on the inspection forms and permits.

Reinstatement of authorization (Re-authorization):

Reinstatement of a suspended or revoked authorization requires an application by the applicant in every instance, and can occur in the following circumstances:

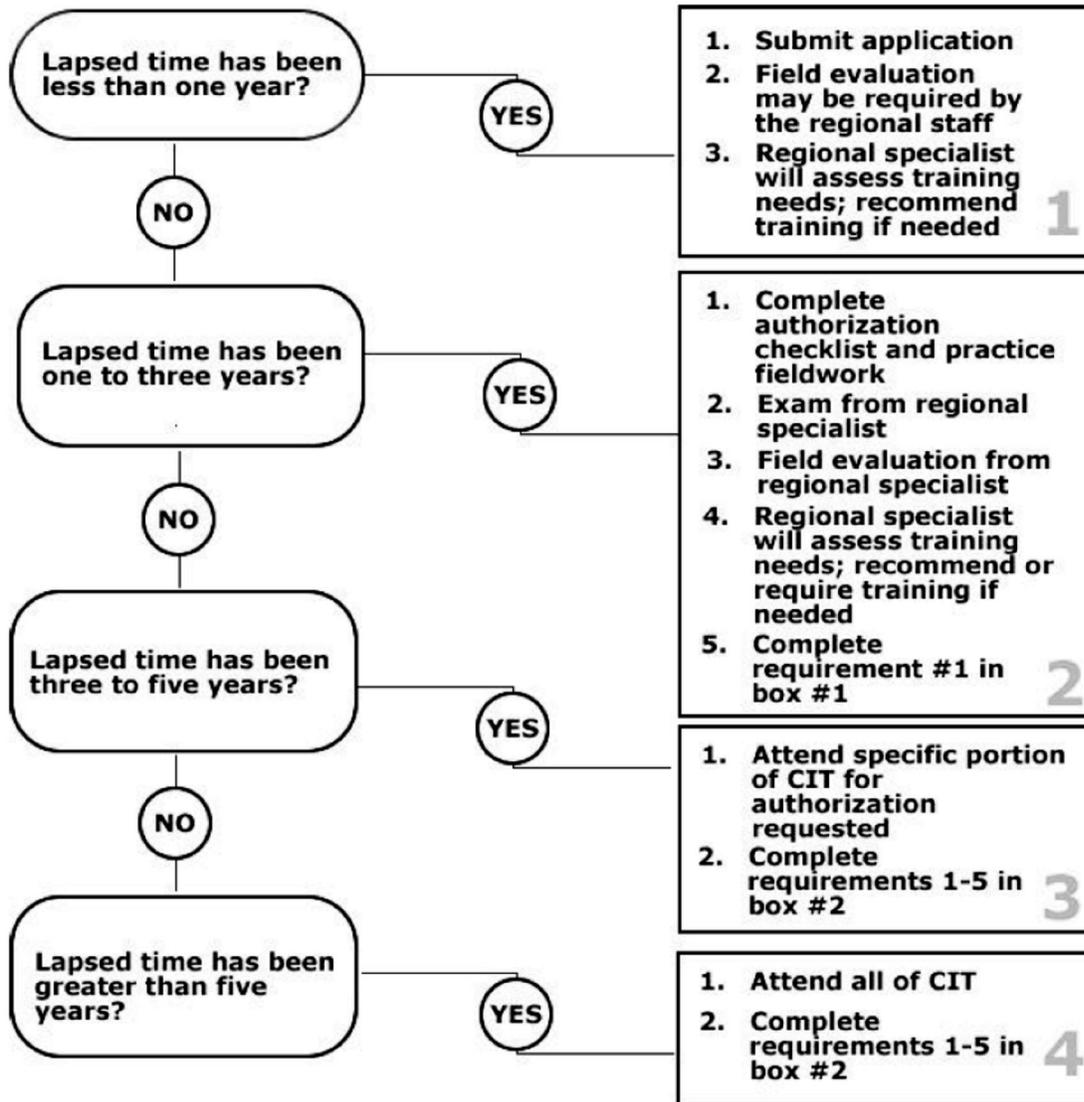
- An individual's authorization, after a suspension, can be reinstated upon determination by the Section that the reasons for suspension no longer exist.
- An authorization can be reinstated after a revocation after six months from the date the revocation became effective as long as Rule .0107(a)(2), which includes fraud, deceit, dishonesty, or perjury in obtaining authorization or in performing authorized duties was not the cause of the revocation action.
- An authorization can be reinstated after revocation if Rule .0107(a)(2) was violated after a period of five years from when the revocation became effective.

The Section may refuse to re-authorize an individual if it is determined that the actions, which were the basis for the suspension or revocation, are likely to reoccur.

Flowcharts

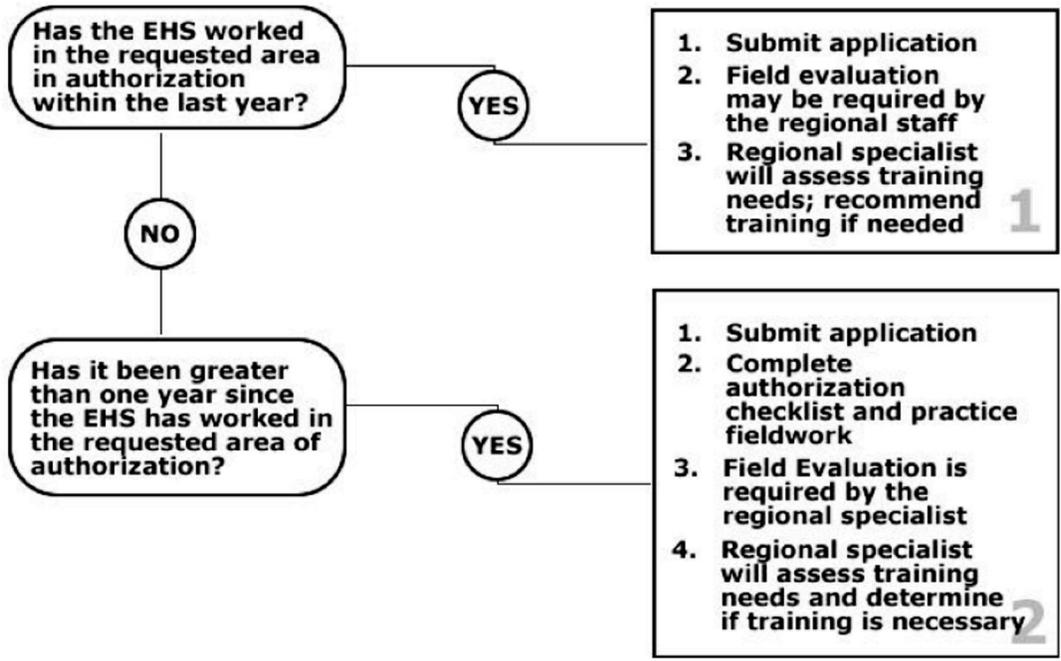
Lapsed Delegation of Authority:

Lapsed Delegation of Authority:



Change of employment between health departments:

Change of employment between health departments:



Conditional Authorization Action:

Conditional Authorization Action:

