

## Continuing Professional Competencies Program Non-Practicing Declaration



Submit only if you will no longer practice your profession!

I, \_\_\_\_\_, certificate number \_\_\_\_\_, hereby declare that I am not actively engaged in the practice of environmental public health (e.g. health protection, communicable disease control, etc.) as defined by the Canadian Institute of Public Health Inspectors.

By filing this declaration with CIPHI, I understand that I am exempt from the requirements of the Continuing Professional Competencies program.

I understand that this exemption is only in effect for one year from the date my declaration is received by CoPE. I also understand that I may renew the exemption by filing a new declaration when this exemption expires. (If this is a notice of retirement, then only one declaration is required.)

Although I may use the professional title to which my registration with CIPHI entitles me, I understand that I am not allowed to engage in the practice of environmental public health, while this exemption is in effect.

I undertake to immediately notify CIPHI in writing if I intend, at any time, to resume the practice of environmental public health. I understand that the Council of Professional Experience (CoPE) can require me to comply with any conditions that CoPE may set prior to allowing me to resume the practice of environmental public health.

**Is this a notification of retirement from the profession?**      **YES**       **NO**

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Dated*

Please mail this original signed declaration to: Council of Professional Experience (CoPE), CIPHI, 720 - 999 W Broadway, Vancouver, BC, V5Z 1K5

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This Non-Practicing Declaration has been**

- Approved**
- Not Approved**

CoPE Representative \_\_\_\_\_ Date \_\_\_\_\_

*CoPE shall keep all information provided on this application in confidence.*