



Canadian Institute of Public Health Inspectors Board of Certification

Payment Method Form

(This form must be included with application and payment)

Applicable provincial tax rates must be added to all BOC fees. A candidate's mailing address is used to determine the applicable provincial/territorial tax rate. Please refer to the CIPHI website [BOC price chart](#) to determine the correct fee and tax amount.

Applicant's Name:

Email:

Telephone:

Address:

City:

Prov./State:

Postal Code/Zip Code:

If paying by Certified Cheque or Money Order complete the following:

Cheque or Money Order should be made payable to: Canadian Institute of Public Health Inspectors.

Note: Personal cheque are not accepted

Certified Cheque

Amount: \$ _____

Money Order

If paying by Credit Card complete the following:

VISA

MasterCard

American Express

Card #

Expiration

(Month/Year)

CVV

Amount: \$ _____

Cardholder's Name (Please Print):

Cardholder's Signature:

Cardholder's Billing Address:

City:

Prov./State:

Postal Code/ Zip Code: