

Staple Photo Here
(Ensure signature and name
is printed on the back)

Board of Certification of Public Health Inspectors Examination Application Form

Form A
**(To be submitted
in duplicate)**

Salutation (e.g. Ms., Miss, Mrs., Mr., Dr. etc):	Print your name clearly as you wish it to appear on the certificate:			
Pre-Examination Mailing Address: (Including Apt. #)	Number and Street:	City:	Province:	Postal Code:
	Home Telephone with Area Code:		Office Telephone with Area Code:	
	Email Address:			
Post-Examination Mailing Address: (Including Apt. #)	Number and Street:	City:	Province:	Postal Code:
	Home Telephone with Area Code:		Office Telephone with Area Code:	
	Email Address:			
Location of Examination:	Province in which you wish to take the examination:	If you are a Canadian Forces member: Rank: Service Number:		
Practicum Agencies: (Please list all)	1.	From:	To:	
	2.	From:	To:	
	3.	From:	To:	
	4.	From:	To:	
Field Reports Enclosed (Two copies of each report are required. Please list the titles of these reports in the space provided at right.)	1.			
	2.			
Academic Eligibility:	I have successfully completed the required course of academic instruction at: Name of Institution: _____ City: _____ Country: _____			
Official Transcripts:	<input type="checkbox"/> Official Transcripts Enclosed <input type="checkbox"/> Official Transcripts to Come Directly from Above Listed Institution			
Did you receive Training outside of Canada:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your first exam?	<input type="checkbox"/> Yes (proceed to Endorsement line) <input type="checkbox"/> No (answer next two questions then complete Endorsement line)	
Where and when was last exam taken:	Location: _____ Month: _____ Year: _____			
What area of the exam are you repeating:	<input type="checkbox"/> Oral <input type="checkbox"/> Written Report(s) – Circle: 1 OR 2		Office Use Only: <input type="checkbox"/> Verified by CIPHI	
Endorsement:	Your Signature:		Today's Date:	

Office Use Only	Fee Paid: \$750 <input type="checkbox"/> \$375 <input type="checkbox"/>	Payment Method: Certified Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/>	Photos (2) <input type="checkbox"/>	Forms: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>	F.A. Cross Ref:	Practicum Pass Check <input type="checkbox"/>
-----------------	---	---	-------------------------------------	---	-----------------	---