

Board of Certification of Public Health Inspectors

Report on Practicum

Session I

From: _____

To: _____

Form C
To be submitted
in duplicate
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Name of Candidate: _____

Name of Health Agency(s): _____

Programs required by the Board of Certification

PART I Programs Required	Number of professional hours completed in this session.		
		Comments	Supervisor Signature & Date
Air Pollution <ul style="list-style-type: none"> • Ambient Air • Indoor Air 			
Total			
Waste Management <ul style="list-style-type: none"> • Solid Waste Disposal • Liquid Waste Disposal <ul style="list-style-type: none"> - municipal - private • Industrial/Hazardous Waste Disposal • Biological Waste Disposal 			
Total			
Water Management <ul style="list-style-type: none"> • Potable Water Quality • Recreational Water Quality • Surface & Ground Water Quality 			
Total			
Inspection <ul style="list-style-type: none"> • Food Establishments • Recreational Facilities • Housing • Nuisance and General Sanitation • Child Care Facilities • Special Care Facilities • Personal Services Facilities • Animal Facilities 			
Total			
Land Management <ul style="list-style-type: none"> • Land Use Review • Area Development Plan Review • Subdivision Review • Land Reclamation Review 			
Total			
Environmental Health Assessment <ul style="list-style-type: none"> • Risk Assessment • Risk Management • Risk Perception & Communication 			
Total			

Administration <ul style="list-style-type: none"> • Computer Information System • Policy Development • Legislation Review 			
Total			
Occupational Health <ul style="list-style-type: none"> • Radiation • Industrial Plant Inspection 			
Total			
Communicable Disease Control <ul style="list-style-type: none"> • Food Borne/Enteric Diseases • Water Borne Diseases • Zoonotic Diseases • Sexually Transmitted Diseases 			
Total			
Emergency Preparedness			
Insect & Rodent Control			
Environmental Health Education/Community Development			
Plan Review			
Advocacy			
PART II			
Lifestyle			
Public Meetings			
Seminars			
Special Investigations/Research			
Staff Meetings			
Surveys			
TOTAL HOURS OF PRACTICUM (Should closely approximate 12 fulltime work weeks recognizing there will be time not captured i.e. travel)			

Name of Supervisor

Telephone