

Board of Certification of Public Health Inspectors

Form D
To be submitted
in duplicate.
Page 1 of 1

Certification of Practicum

This is to certify that:

Name of Candidate (Please Print)

received Practicum/practical field training in accordance with the requirements of the Regulations Respecting the Certificate in Public Health Inspection (Canada) and Governing the Board of Certification of Public Health Inspectors at the

Name of Approved Agency

From: _____ To _____
Date Date

Under the supervision of the undersigned

Number of Field Reports Certified: _____

Print Name and Title of Supervising PHI/EHO

Date

Signature