This form is to be completed at the **commencement** of the practicum period, and a copy submitted to the Board of Certification with each of the reports.

I ____________________________________________________________________________  
(name and title, holder of the CPHI(C))

Supervising the training of ____________________________________________________________________________  
(name of student)

at ____________________________________________________________________________  
(name of training agency)

understand that any inspection reports that are completed during the practicum period for the aforementioned student are to be solely the student’s work.

**Note:** The training agency is required to sign off reports only to verify that the reports were based on inspections completed by the student during the student’s practicum period at this location. The reports are not viewed in any way as a reflection on the health agency, but rather as an indication of the student’s ability to **independently** write a satisfactory report. **Do not** assist students by correcting and / or commenting on the reports prior to submission to the Board of Certification.

________________________  _______________                _____________________  
Signature of supervising CPHI(C)                          Date