Canadian Institute of Public Health Inspectors
Board of Certification
Form H - International Candidate Application Form

Salutation (Ms, Mr.)	Print your name clearly: **First Name/Last Name**	**Date of Birth**: dd/mm/yyyy
Mailing Address (Apartment #, Number & Street)		**Home Telephone** ( ) -
City	**Province** BC **Postal Code**	**Mobile Phone** ( ) -
Email Address		

Academic Eligibility

Name of Institution: Country: Year of Graduation:

Copy of Bachelor Degree Enclosed ☐

Official Transcript Enclosed ☐

Come Directly from Above Listed Institution ☐

Experience Eligibility

Resume Enclosed ☐

Reference Letter or Proof of Experience* Enclosed ☐

Proof of Certification from an Organization Associated with IFEH Enclosed ☐

***Experience must align with CIPHI's Discipline Specific Competencies - http://www.ciphi.ca/pdf/dsc.pdf**

Application Fee - $125.00 + *Tax

Payment Method

Certified Cheque (payable to: Canadian Institute of Public Health Inspectors) ☐

Money Order (payable to: Canadian Institute of Public Health Inspectors) ☐

Credit Card

Visa ☐ MasterCard ☐ American Express ☐

Cardholder's Name (Please Print)

Cardholder's Billing Address

City Province BC Postal Code/Zip Code

Card Number

Expiration / (mm/yy)

CVV

***Applicable provincial taxes must be added to all fees. The candidate's mailing address is used to determine the applicable provincial tax rate.**

Application Signature	**Date:** (dd/mm/yyyy)