

Application for Appeal of Suspension of CPHI(C) Credential

An Appeal must be filed within 30 calendar days of notification of the credential suspension.

Date:

Dear Sir or Madame,

I would like to submit an Appeal of my BOC Examination results.

Section 1: Appellant Contact Information

Name	
Date of Examination (Month / Year)	
Mailing Address	
Phone Number	
Email Address	

Section 2: Statement of Appeal and Supporting Documentation

<p style="text-align: center;">INSTRUCTIONS</p> <p>There are only 2 acceptable grounds for appeal which are listed in the column to the right.</p> <p>Indicate which ground your appeal is based on.</p> <p>You MUST provide a clear explanation as to the circumstances that lead to you choosing this ground for appeal or your appeal will not be reviewed.</p> <p>NOTE: If an appeal is allowed solely due to a process error on the part of CIPHI the appeal fee will be refunded to the appellant.</p>	<p style="text-align: center;"> GROUNDS FOR APPEAL</p> <p><input type="checkbox"/> I meet the mandatory membership criteria and hold a valid regular membership in CIPHI</p> <p><input type="checkbox"/> My membership has not been terminated or suspended under By-Law #1</p>
<p>Explanation</p> <p>Please provide a clear explanation in this section as to the circumstances that lead to you choosing this ground for appeal.</p>	
<p>Supporting documentation (optional)</p> <p>If supporting documentation is submitted with the appeal, please list it here.</p>	<p>List of supporting document submitted:</p>

Please check only one:

I obtained my Certificate in Public Health Inspection (Canada) after January 1, 2017.

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Contact Information

I agree that the contact information provided here is correct, and agree to be contacted through either email, phone, or registered letter, as appropriate.

To submit an appeal, please forward the completed form by mail to:

**CIPHI Office
#720 – 999 West Broadway
Vancouver, BC V5Z 1K5**

Or by e-mail to: office@ciphi.ca

Name: _____ Date: _____

OFFICE USE ONLY: Appeal Number: <year-number>

- Appeal is complete and will be forwarded to the ARC.
- Appeal will not proceed: _____



#720 – 999 West Broadway, Vancouver BC V5Z 1K5
Phone: 604-739-8180 Fax: 604-738-4080
Toll Free Phone: 1-888-245-8180
E-mail: office@ciphi.ca

Appeal Review Application Fee

If paying by credit card complete the following:

Credit Card: VISA MasterCard American Express

Card #: ____ / ____ / ____ / ____

Expiry Date: __ / __ CVV: ____

Amount to be processed: \$75.00 + Tax = \$ _____

Product Description: Appeal Review Application Fee

Name on Card: _____

Signature: _____

HST/GST Registration Number: 100766484

Appeal Process Flowchart

