

**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	Postal Code
		Mobile Phone () -
Email Address		
Academic Eligibility		
Name of Institution: _____ Country: _____ Year of Graduation: _____		
<input type="checkbox"/> Copy of baccalaureate or master's degree enclosed		
<input type="checkbox"/> Official transcript directly from the above-listed institution enclosed		
Experience Eligibility		
<input type="checkbox"/> Resume Enclosed		
<input type="checkbox"/> Reference letter or proof of at least 6 months' work experience enclosed		
<input type="checkbox"/> 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		
<input type="checkbox"/> Certified Cheque (payable to: Canadian Institute of Public Health Inspectors)		
<input type="checkbox"/> Money Order (payable to: Canadian Institute of Public Health Inspectors)		
Credit Card		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder's Name (Please Print)		
Cardholder's Billing Address		
City	Province/State	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)