



**Canadian Institute of Public Health Inspectors  
Board of Certification  
Examination Application Form**

Form A

<b>Salutation</b> (Ms., Mr.)	Print your name clearly as you wish it to appear on the certificate: <b>First Name/Last name</b>			<b>DOB:</b> dd/mm/yyyy			
<b>Pre-Examination Mailing Address</b> (Apartment #, Number & Street):				<b>Home Telephone with Area Code:</b>			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>		<b>Office Telephone with Area Code:</b>			
<b>Email Address:</b>				<b>Cell Phone with Area Code:</b>			
<b>Post-Examination Mailing Address</b> (Apartment #, Number & Street) (if different from above):				<b>I am enclosing documents for an accommodation request:</b> (please check one): <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>					
<b>Are your reports written in English or French</b> (Check one): <input type="checkbox"/> English <input type="checkbox"/> French			<b>Language in which you wish to have your oral exam</b> (Check one): <input type="checkbox"/> English <input type="checkbox"/> French				
<b>Province in which you wish to take the examination</b> (please list):			<b>If you are a Canadian Forces member:</b> <b>Rank:</b> _____ <b>Service Number:</b> _____				
<b>Practicum Agencies (Please list all):</b>			<b>Dates of Practicum (dd/mm/yyyy)</b>				
1.			<b>From:</b>	<b>To:</b>			
2.			<b>From:</b>	<b>To:</b>			
<b>Field Reports Enclosed:</b> Please list the titles of each report in the space provided. Please submit your electronic copies of your field reports in accordance with the instructions in the BOC Candidate Information Package							
1.							
2.							
<b>Academic Eligibility:</b> I have successfully completed the required Canadian academic instruction at: _____ OR <input type="checkbox"/> Obtained education outside of Canada and successfully completed the BOC Foreign Trained Equivalency Exam on (date): _____ Name of Institution: _____ BOC-Accredited Program (specify the academic track): _____							
<b>Official Transcripts (If repeating there is no need to resubmit):</b> <input type="checkbox"/> Official Transcripts Enclosed <input type="checkbox"/> Official Transcripts to Come Directly from Above Listed Institution							
<b>Is this your first exam</b> (please check one): <input type="checkbox"/> Yes (proceed to Current CIPHI Student Membership) <input type="checkbox"/> No (proceed to next question)							
<b>Where and when was last exam taken:</b> Location: _____				Month: _____	Year: _____		
<b>If you are repeating, what portion of the exam are you repeating</b> (Check one or both): Number of Written Reports 1 <input type="checkbox"/> 2 <input type="checkbox"/>				Oral <input type="checkbox"/> Written Report(s) <input type="checkbox"/>	<b>Office Use Only:</b> Verified by CIPHI _____ Try		
If you were required to do an additional practicum, how many weeks? (Submit Form C): _____ weeks							
I hereby acknowledge that if I submit an incomplete application, there will be an additional fee of \$100 + tax _____ <span style="float: right;">Candidate Initials</span>							
<b>Current CIPHI Student Membership</b> Yes <input type="checkbox"/> No (Please go to ciphi.ca to sign up for membership. Current membership is required to sit the exam)							
<b>Candidate Signature:</b>					<b>Date:</b> (dd/mm/yyyy):		
<b>OFFICE USE ONLY</b>	<b>Fee Paid:</b> <input type="checkbox"/> \$850* <input type="checkbox"/> \$425* <input type="checkbox"/> \$100** *plus tax **tax inclusive	<b>Payment Method:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order <input type="checkbox"/> Certified Cheque <input type="checkbox"/> Amex	<b>Received Forms:</b> <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<b>Transcript Received</b> Date: _____	<b>C.F. Cross Ref.</b>	<b>E-Reports</b> Date Saved: _____	<b>Practicum Pass Check</b> <input type="checkbox"/>