



Canadian Institute of Public Health Inspectors Board of Certification

Form D

Certification of Practicum

This is to certify that:

Name of Candidate (Please Print)

received practicum/practical field training in accordance with the requirements of the Regulations Respecting the Certificate in Public Health Inspection(Canada) and Governing the Board of Certification of Public Health Inspectors at

Name of Approved Agency

From: _____ To : _____
Date Date

Under the supervision of the undersigned

Number of Field Reports Certified: _____

Print Name and Title of Supervising PHI/EHO

Signature

Date