

# CIPHI/EHFC Continuing Education Award

The Canadian Institute of Health Inspectors and the Environmental Health Foundation announce the availability of a continuing education award for \$500.00 to be given to a member of the Canadian Institute of Public Health Inspectors.

**Who is Eligible?** Those working in the field of public health who have been 'a member in good standing' for a minimum of five (5) consecutive years in the Canadian Institute of Public Health Inspectors prior to application. The recipient can only receive the award once. The applicant is not restricted to applying for an entire program but can be applying for an individual course. The applicant must have taken or plan to start the program or take the course during the current year of applying for the award.

**How to Apply?** The applicant should complete the following form (also available at [www.ciphi.ca](http://www.ciphi.ca)) by October 15<sup>th</sup> and attach a statement on "how further education will benefit me in the field of public health?" The statement is to be a maximum of 500 words. The form and application are to be sent to: Professor Marilyn Lee, School of Occupational and Public Health, Ryerson University, 350 Victoria St., Toronto, ON M5B 2K3. The award will be announced in January following the October deadline.

**How Recipient Will Confirm He/She Is Enrolled?** The recipient will provide proof of tuition payment within 30 days of the beginning of the semester of the Award. The candidate shall provide proof of successful completion prior to the release of the Award.

No member of the CIPHI-NEC or the EHFC Board of Trustees is eligible for this award

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## Application

Name: _____		Place of employment: _____	
Address 1: _____			
Address 2: _____			
City: _____		Prov: _____	Code: _____
Telephone: _____		Fax: _____	
Email: _____			

When did you first become a member of the Canadian Institute of Public Health Inspectors?

\_\_\_\_\_

(month) (year) (CPHI(C) no.)

Institute and department you are attending or are planning to attend: \_\_\_\_\_

\_\_\_\_\_

Course or program you are or will attend \_\_\_\_\_

Dates of attendance. \_\_\_\_\_ (start) \_\_\_\_\_ (completion)

Will you be attending ... Part-time  or Full time  ?

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)