



Environmental Health Foundation of Canada
Fondation canadienne de l'hygiène du milieu

CONTINUING EDUCATION AWARD APPLICATION

(please print required information)

Applicant Contact Information:

Name:		
Address 1:		
Address 2:		
City:	Province:	Postal Code:
Telephone:	Place of employment:	
Email:		

Criteria Requirement: *(please refer to www.EHFC.ca awards page for additional details)*

- Working in the field of environmental public health
- Member (Regular) of CIPHI
- Statement on ``how further education will benefit you in the field of public health`` *(maximum of 500 words)*

- CPHI(C) No. _____
- CIPHI Member since (year): _____
- Educational Institute and Faculty: _____
- Course or program: _____
- Dates of attendance: _____ start _____ completion
- Attending: Part-time† Full time†

Signature: _____

Print Name: _____

Date: _____

Email completed form and application letter to:

EHFCchair@gmail.com