

CODE OF ETHICS

As a Member of the Canadian Institute of Public Health Inspectors, I acknowledge:

- ✱ That I have an obligation to the sciences and arts for the advancement of Public Health. I will uphold the standards of my profession, continually search for truths, and disseminate my findings; and I will strive to keep myself fully informed of the developments in the field of Public Health.
- ✱ That I have an obligation to the Public whose trust I hold and I will endeavour, to the best of my ability, to guard their interests honestly and wisely. I will be loyal to the profession and Institute to which I belong.
- ✱ That the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- ✱ That being loyal to my profession, I will uphold the Constitution and By-Laws of the Canadian Institute of Public Health Inspectors and will, at all times, conduct myself in a manner worthy of my profession.

My signature hereon constitutes a realization of my personal responsibility to actively discharge these obligations.”

* 15. _____
 Signature of Applicant Date of Application

I certify the above information to be correct and complete to the best of my knowledge.

Ensure your application is accompanied by the necessary payment (\$175.00) made payable to “C.I.P.H.I.” (or complete one of the following sections, 16, 17 or 18):**

16. Charge my Registration Fee in the amount of \$_____ to my credit card: VISA MasterCard American Express:

Account # _____ / _____ / _____ / _____ Expiry Date ____ / ____

Name on card _____ Signature _____

17. Payment has been made by Payroll Deduction (*where it has been approved by employer*): (Check box)

** 18. Spousal: Attach two application forms (one for each individual) and subtract \$30 from one membership fee only. Please note that this is available to two public health inspectors residing at the same address and note that only one subscription of the environmental health review (E.H.R.) journal will be received.

*** 19. “By checking this box, the applicant/undersigned does not give permission for the Canadian Institute of Public Health Inspectors to provide his/her name and contact information to corporate/affiliate members of the Institute.”

FOR OFFICIAL USE ONLY

1. Date Application Received: _____ 2. Payment enclosed: Yes _____ No _____
(Month / Day / Year)

3. Method of Payment:
 Cash Cheque Visa MasterCard Money Order Certified Cheque American Express Payroll Deduction

4. Applicant meets all qualifications for Registration: Yes _____ No _____
If ‘No’ give reasons:

5. Requirements to be met before “Registration is issued:

6. Date Application Approved / Rejected: _____ 7. Registration # _____
(Month / Day / Year)

8. _____
Signature of Registrar