

**Board of Registration  
CIPHI, BC Branch**  
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**BOARD OF REGISTRATION**  
Canadian Institute of Public Health Inspectors, B.C. Branch  
[www.ciphi.bc.ca](http://www.ciphi.bc.ca)

**2009 REGISTRATION RENEWAL FORM**

*(Please complete sections with a “ \* “ only, unless information has changed, and return to the Registrar)*

\* How many years have you been a member of CIPHI? \_\_\_\_\_ \* Please tick this box if you are able to receive electronic mail.

\* 1. Name \_\_\_\_\_  
Surname (Print in Full) First Name Middle Initial(s)

2. Other Name \_\_\_\_\_  
(i.e. maiden name or name change)

3. Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

4. Mailing Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

5. Phone Numbers: Home: (\_\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_  
e-mail: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

6. Present Employer: \_\_\_\_\_

7. Employers Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

**CODE OF ETHICS**

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

That I have an obligation to the science 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 governmental division or industry by which I am retained.

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.

\* 8. \_\_\_\_\_  
Signature of Applicant Date of Application

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

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