

CAHP – ACECP Intern-Sponsor Annual Meeting Sign-Off Form:

This form is to be filled out by the Intern and their Sponsor and submitted with an Intern's *annual fee renewals*.

Name of Intern:	
Period Covered: <i>(month-month, year)</i>	
Your (Sponsor) Name:	<hr/> <input type="checkbox"/> I confirm that I am a CAHP Professional Member in good standing
Meeting Date(s) and type: <i>Minimum one meeting per year via in-person meeting or phone conference</i>	

Sponsor Comments:	<p>I have discussed the following with the Intern during this period:</p> <ul style="list-style-type: none"><input type="checkbox"/> On-going heritage specific education or training<input type="checkbox"/> On-going experience with direct heritage-related projects, including use and interpretation of heritage standards and guidelines in their field<input type="checkbox"/> Volunteer activities <p><u>Sponsor's Notes:</u></p>
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<p>Agreed Next Steps for Intern:</p> <p><i>Check any/all that are required prior to Intern applying for Professional CAHP Status</i></p>	<p><input type="checkbox"/> Additional heritage specific education or training</p> <p><input type="checkbox"/> Additional direct heritage-related projects, including use and interpretation of heritage standards and guidelines in their field</p> <p><input type="checkbox"/> Additional volunteer activities</p> <p><u>Intern's Notes:</u></p>
<p>Intern's Signature:</p>	<p>_____, date: _____</p> <p><input type="checkbox"/> I have met with my Intern Sponsor as indicated above</p> <p><input type="checkbox"/> I agree that CAHP can contact me at any time to discuss my progress</p>
<p>Sponsor's Signature:</p>	<p>_____, date: _____</p> <p><input type="checkbox"/> I have discussed all of the above with the applicant.</p> <p><input type="checkbox"/> I agree that CAHP can contact me at any time to discuss the Intern's progress</p>

Intern member to return completed form to the CAHP | ACECP Administrator via email: admin@cahp-acecp.ca