

CAHP Intern-Sponsor Meeting Sign-Off Form

This form is to be filled out by the Sponsor and submitted with an Intern's *initial application* and *annual fee renewals*. Intern member to return completed form to the CAHP|ACECP Administrator via email: admin@cahp-acecp.ca.

Name of Intern Applicant sponsoring:	
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>

<p>Agreed Next Steps for Intern: <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; <input type="checkbox"/> Additional direct heritage-related projects, including use and interpretation of heritage standards and guidelines in their field; <input type="checkbox"/> Additional volunteer activities. <u>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 <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. <input type="checkbox"/> I agree that CAHP can contact me at any time to discuss the Intern's progress.</p>