



Application for Accreditation of Prior Achievement (APA)

Use this form to apply for APA. Before you begin this process, you should be confident that you meet the requirements. Further guidance can be found in the guidance notes, which should be read before beginning your application.

Members who originally qualified in Scotland or overseas can use their membership of REHIS or the equivalent overseas professional body to apply for entry to the CIEH Chartered Practitioner programme.

Please inform us if your name, as it appears on your Certificate of Registration/Diploma, is different from your current name and the reason why. EHOs qualified in Scotland should give the date of the award of their REHIS diploma.

Section 1: Personal and membership details

Title: **Mr** **Mrs** **Ms** **Miss** **Other:**

First and surname:

Student number:

Address:

Postcode:

Contact details: Work phone: Home phone:

Mobile phone: Email:

CIEH membership number:

Current membership level:

Are you registered on the Environmental Health Registration Board? **Yes** **No**

Section 2: CIEH accredited qualifications and experience

Accredited CIEH BSc or MSc degree: Yes No

If yes, please provide university name, programme name and year of graduation:

Which components of the current CIEH programme do you hold?

Tick all that apply and enter date. Part completions will not be accepted.

Accredited degree

Date:

Professional exam / IPA

Date:

Professional interview

Date:

Portfolio of professional practice

Date:

Experiential learning portfolio

Date:

Hybrid

Date:

Practical food exam

Date:

HCFP

Date:

HCFPI

Date:

Section 3: Evidence validation

Please provide a scanned copy of your degree certificate or similar proof such as an authorised transcript.

CIEH or EHRB should have records of your achievements. Please let us know if you were known by another name when you completed any of the elements below. If we are unable to find evidence of your achievements, we will contact you so that you can provide further documentation. [Accredited CIEH BSc or MSc](#) / [CIEH Professional Examination](#) / [Experiential Learning Portfolio](#) / [Portfolio of Professional Practice](#) / [CIEH Professional Interview](#) / [EHRB Certificate of Registration](#) / [EHRB Higher Certificate of Food Premises Inspection](#) / [EHRB Higher Certificate of Food Control](#).

Other name and element (if relevant):

Section 4: Additional information

Provide any further information which you feel is appropriate and/or pertinent to your application.

Section 5: Payment

Payment to accompany your application is £100. Once we receive your application form, one of our Membership Team will be in touch within 24 hours to take the payment. Payment needs to be made via credit card.

Section 6: General Data Protection Regulations (GDPR) Declaration

In order to process your application, it is necessary for you to consent to CIEH to hold your data in paper and electronic format and conduct evidence validation. After the non-academic appeals period has lapsed, your personal data will be destroyed.

Please tick here to confirm your consent:

Section 7: Evidence declaration

Declaration by applicant: I certify that the above information is correct and that all activities cited (both within the application and the submitted CPD records) were undertaken by me. I confirm that I have read the Accreditation of Prior Achievement Specification and the Accreditation of Prior Achievement Guidance Notes and understand the requirements regarding the application and maintenance of Chartered Practitioner status.

I hereby certify that the information above is true and accurate.

Signed:

Date:

For office use only:

Applications should be emailed as an attachment to: apa@cieh.org

Find out more
www.cieh.org/charteredstatus

Get in touch
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info@cieh.org



www.cieh.org