



Internship Verification Summary

90 day period: From: _____ To: _____

Task Documentation in accordance with Division C Article 3.1.4.3. of the O.B.C.

The Intern performed the following functions/duties under municipal supervision

1.

2.

3.

4.

5. etc.

EG.

Occupancy Classification

Field Supervision

Inspection Type

Office Supervision

Written Notations

RE-Inspection

If you no longer require the internship program or have completed the program please indicate below.

Intern Signature: _____ **Date:** _____ **Print Name** _____

Mentor Signature: _____ **Date:** _____ **Print Name** _____

Internship Verification Summary to be e-mailed to OBOA Provincial Office every 90 days or by fax (905) 264-8696.

NOTE: Please forward any documentation regarding any completed courses requested while under the Internship Program so that the OBOA office can update your progress as an approved Intern.