



**Internship Verification Summary**

**90 day period:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Task Documentation in accordance with OBC 2.16.4.2**

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.

Rev. January 20, 2007