



**Internship Verification Summary**

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

**Task Documentation in accordance with Division C Article 3.1.4.2. 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.