

## **Work Experience Portfolio Form**

# Canadian Certified HACCP Professional - CCHP

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## WORK EXPERIENCE PORTFOLIO

CANDIDATES NAME	DATE DD/MM/YYYY
CANDIDATE PHONE NUMBER	CANDIDATE EMAIL ADDRESS
OCCUPATION/TITLE	

### SETTING THE STANDARD

Certification verifies that a food processing worker is competent, when measured against the HACCP Core Competency Profile. Based on the Canadian Standards & Guidelines for HACCP Professionals, the National Occupational Standard describes the knowledge, abilities and attitudes that are expected of proficient and experienced HACCP Professionals in Canada.

To achieve this designation, candidates must:

1. Meet the minimum work experience requirements
2. Successfully pass the written knowledge exam

**Candidates will use this form to record information on relevant experience including employment history, professional voluntary activities, and completed education and training.**

**Note:** To meet the work experience requirements, candidates must demonstrate a minimum of 3 years of HACCP work experience within the last 5 years. Work experience can be in the food processing field, in a related profession, or in a similar role in which they can demonstrate relevant experience.

**Candidates must demonstrate that their experience was acquired by:**

- Work Experience - Minimum 70% of the experience total must come from paid work experience.

All work experience may come from paid employment, however, candidates may also demonstrate additional experience in the following areas, up to the indicated maximum contribution of their total.

- Volunteer Experience - Maximum 10%
- Formal Education / Academic Studies – Maximum 10%
- Other Credentials and Training - Maximum 10%
- Research – Maximum 5%

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## INSTRUCTIONS

Candidates will submit a summary of their experience for review by the Registrar's Office. This includes any experience gained from paid employment, volunteer experience (including co-op, intern or other unpaid work terms), formal education or other training, and should reflect the scope of practice as outlined in the Core Competency Profile.

### 1. Complete, sign and submit form to the Registrar:

- a. **Accepted methods of submission:** Only accepting electronic submissions of this form via email, the form may be filled out electronically or by hand and scanned in.
- b. **Labelling the Work Experience Portfolio:** To ensure that all applications are received and processed without error, the submission of the Work Experience Portfolio file must be properly labelled. Use the name of the document, followed by your full name.

**Example:** "Work Experience Portfolio\_John Smith"

- c. **Where to submit:** Email to the Registrar's Office at [registrar@fphrc.ca](mailto:registrar@fphrc.ca)

### 2. FPHRC Registrar will verify submission:

- Determine if sufficient information is provided by candidate
- Determine if minimum work experience is achieved. This may involve verifying information for authenticity. The Registrar may contact you for additional information or clarity.

### 3. Candidate will receive notification of result: approved, declined, or incomplete.

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## WORK EXPERIENCE (MINIMUM 70%)

- Include “self-employed” employment.
- Use additional paper, where required.
- Start with current or most recent employment.

EMPLOYER NAME	EMPLOYER PHONE NUMBER	
EMPLOYER ADDRESS	NAME OF SUPERVISOR	
	EMPLOYMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	FULL OR PART TIME	APPROX. WEEKLY HOURS
JOB TITLE/ POSITION HELD		
MAIN RESPONSIBILITIES IN THIS JOB		

EMPLOYER NAME	EMPLOYER PHONE NUMBER	
EMPLOYER ADDRESS	NAME OF SUPERVISOR	
	EMPLOYMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	FULL OR PART TIME	APPROX. WEEKLY HOURS
JOB TITLE/ POSITION HELD		
MAIN RESPONSIBILITIES IN THIS JOB		

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## WORK EXPERIENCE (CONTINUED)

EMPLOYER NAME	EMPLOYER PHONE NUMBER	
EMPLOYER ADDRESS	NAME OF SUPERVISOR	
	EMPLOYMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	FULL OR PART TIME	APPROX. WEEKLY HOURS
JOB TITLE/ POSITION HELD		
MAIN RESPONSIBILITIES IN THIS JOB		

EMPLOYER NAME	EMPLOYER PHONE NUMBER	
EMPLOYER ADDRESS	NAME OF SUPERVISOR	
	EMPLOYMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	FULL OR PART TIME	APPROX. WEEKLY HOURS
JOB TITLE/ POSITION HELD		
MAIN RESPONSIBILITIES IN THIS JOB		

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## VOLUNTEER EXPERIENCE (MAXIMUM 10%)

Use additional paper, where needed.

- Include any unpaid employment (e.g. work terms, co-op, internships)
- Start with the current or most recent volunteer experience.

ORGANIZATION NAME	ORGANIZATION PHONE NUMBER	
ORGANIZATION ADDRESS	NAME OF SUPERVISOR	
	EMPLOYMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	FULL OR PART TIME	TOTAL HOURS WORKED
JOB/ POSITION TITLE		
IN THIS POSITION, I...		

ORGANIZATION NAME	ORGANIZATION PHONE NUMBER	
ORGANIZATION ADDRESS	NAME OF SUPERVISOR	
	EMPLOYMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	FULL OR PART TIME	TOTAL HOURS WORKED
JOB/ POSITION TITLE		
IN THIS POSITION, I...		

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## FORMAL EDUCATION / ACADEMIC STUDIES (MAXIMUM 10%)

Use additional paper, where needed.

Start with current or most recent program or course

NAME OF INSTITUTION	PHONE NUMBER	
NAME OF PROGRAM		
ADDRESS	PROGRAM CONTACT NAME	
	ENROLLMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	DEGREE OBTAINED YES           ( ) NO             ( ) IN PROGRESS ( )	EXPECTED GRADUATION

NAME OF INSTITUTION	PHONE NUMBER	
NAME OF PROGRAM		
ADDRESS	PROGRAM CONTACT NAME	
	ENROLLMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	DEGREE OBTAINED YES           ( ) NO             ( ) IN PROGRESS ( )	EXPECTED GRADUATION

NAME OF INSTITUTION	PHONE NUMBER	
NAME OF PROGRAM		
ADDRESS	PROGRAM CONTACT NAME	
	ENROLLMENT DATES	
	FROM MONTH/DAY/YEAR	TO MONTH/DAY/YEAR
	DEGREE OBTAINED YES           ( ) NO             ( ) IN PROGRESS ( )	EXPECTED GRADUATION

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## **OTHER CREDENTIALS AND TRAINING (MAXIMUM 10%)**

The CCHP Designation recognizes that education and training environments often have practical training component attached; you may use the practical training to gain qualifying hours as work experience.

- Include courses and training not previously mentioned on this form (certificates, diplomas, etc.).
- Make a note about any work experience you may have gained as part of a program.
- Include any other professional credentials you have.
- Also, include any awards you may have received.

Use another page to list certifications, credentials and training, if required



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## RESEARCH (MAXIMUM 5%)

The CCHP Designation recognizes published and ongoing research in the field of food processing.

- Include any published research reports (either individually or in collaboration)
- Include an overview of the research objective and a summary of the research

Use another page to list awarded research grants, current unpublished research, if required

REPORT TITLE
PUBLISHED IN
AUTHOR(S)
RESEARH OBJECTIVE
RESEARCH SUMMARY

REPORT TITLE
PUBLISHED IN
AUTHOR(S)
RESEARH OBJECTIVE
RESEARCH SUMMARY

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## DECLARATION

Complete and sign the statement below:

I, \_\_\_\_\_  
FIRST NAME LAST NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
TOWN/CITY PROVINCE/ STATE POSTAL CODE/ZIP CODE

state that the information contained in this document is accurate. I understand that the FPHRC may contact me or any of the individuals indicated in this form for more information, or for the purposes of a program audit.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Notes:

I, \_\_\_\_\_ have verified that the above-noted Candidate meets the minimum requirements for experience time in the occupation specified above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## ABOUT THE FPHRC

Created in 2009 as a council for Canadian food processors, the Food Processing Human Resources Council (FPHRC) works long term with industry partners, processors, educators and regulatory agencies to develop a stronger, more prosperous industry with leading edge standards of employee preparedness and productivity through human resource strategies and programs.

The FPHRC provides national leadership as a forum and support for industry to address human resource issues, assisting in building a competitive, sustainable, and attractive industry; and regionally through their representatives to assist all processors and their workers with training, skills upgrading and more.

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## Statement of Accountability, Ethics, and Confidentiality

CCHP designation is a professional credential that aims to recognize individuals that meet an industry standard. The process is voluntary and involves rigorous assessment methods and evidence of relevant experience.

### CANDIDATE CONTACT INFORMATION

NAME	PHONE NUMBER
ADDRESS	E-MAIL ADDRESS

I confirm that the information submitted regarding my work, volunteer, and education experience is accurate and meets the eligibility requirements for the Canadian Certified HACCP Professional designation assigned by the FPHRC.

I agree not to disclose any details on the content covered in the CCHP exam with other candidates, colleagues, trainers, or friends. I acknowledge my responsibility to uphold the confidentiality of this exam.

I agree not to copy, film, or photograph the examination material. I acknowledge that if I am caught cheating or stealing exam content, I will receive an automatic fail and will not be allowed to re-write the exam for a period of two years from the date of incident. I may also be subject to prosecution in some jurisdictions.

I agree to maintain my profile to keep personal contact information as accurate and up-to-date as possible. If I do not renew my certified status, I acknowledge that I am no longer authorized to use the designation assigned by FPHRC until the certification has been successfully renewed with the certifying body.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_