



To Phius Staff,

I attest that I have provided training and mentorship to _____ on the Phius-specific scope of work on the project submitted for Phius Certification listed below. I take full responsibility for the verification work provided by this individual.

Date of mentorship review: _____

Project Name: _____

Phius Project #: _____

Program Version: _____

I am an active (select):

- Phius Certified Rater
- Phius Certified Verifier

Phius Certified Professional's name: _____

Signature: _____

Date: _____

I attest that I meet all eligibility criteria to become a qualified Phius Certified Rater or Phius Certified Verifier, whichever is selected above.

HERS Rater ID# _____

Provider: _____

Qualified Professional's name _____

Signature: _____

Date: _____

This form must be included in the submission of on-site documentation for Phius Certification.