

2022 CERTIFIED FOOD PROTECTION MANAGER

GRUNDY COUNTY HEALTH DEPARTMENT 1320 Union Street Morris IL 60450 815-941-3115

Test re-Take/Proctor

RE-TAKE OR PROCTOR PARTICIPANTS MUST HAVE ATTENDED OR COMPLETED THE FULL 8 HOURS OF INSTRUCTION. LATE STUDENTS WILL NOT BE ALLOWED IN THE CLASSROOM.

- If exam is for proctor only, proof of course completion is required at least 72 hours prior to exam.
- A photo ID with signature (e.g. driver's license, state ID, student ID, military ID, employee ID, U.S. green card, or valid passport) is required to take the exam.
- The exam and certificate are nationally recognized and ANSI (American National Standards Institute) approved.
- All Fees are non-refundable. *No course reminder calls or emails will be made.*
- Advanced arrangements must be made in order to request an exam in a language other than English.
- Drinks must have a lid. No food is allowed during exam.
- Examinees who have taken the Grundy County course may sit through the course again at no extra charge.

Bottom section with payment must be received at the Grundy County Environmental Health Department to reserve a class seat. Keep top portion. PLEASE enclose a check for the appropriate fee or visit our website to pay by credit card. If paying by credit card online, a copy of the receipt along with this application must still be sent to our office (via mail, fax or e-mail).

Re-take date choices: 4p.m. *March 22 *May 10 *July 19 *September 15

Or 8:30a.m. *March 23 * May 11 *July 20 *September 16

OR BY APPOINTMENT

\$60.00 (Payment due upon registration. Cash, check, credit card accepted)

CFPM Re-take or Proctor REGISTRATION FORM:

PLEASE circle your course date:

Test date choice: _____

Proctor or Retake (circle one, if re-take please give original test date) _____

PLEASE PRINT CLEARLY:

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

EMAIL _____ STATE _____ ZIP CODE _____

CONTACT PHONE NUMBER _____

EMPLOYER NAME (If applicable) _____

TEST LANGUAGE PREFERENCE (other than English): _____

FOR OFFICE USE ONLY: Date Received: _____ Amount Paid: _____ Cash/Check #/CC _____

Received by: _____ Receipt # _____ Paid by Employer: Yes/No _____ Received Book: _____