

# 2023 CERTIFIED FOOD PROTECTION MANAGER COURSE

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

**CLASS PARTICIPANTS MUST ATTEND THE FULL 8 HOURS OF INSTRUCTION. LATE STUDENTS WILL NOT BE ALLOWED IN THE CLASSROOM.**

- 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 test will be administered at end of class. 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 provided.

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 [chelland@grundyhealth.com](mailto:chelland@grundyhealth.com)).

Class date choices: Jan 12 April 13 July 12 Oct 11

Class times 8:30 a.m. to 6:00 p.m.

**\$170.00** (Payment due upon registration. Cash, check, credit card accepted)

## CFPM COURSE REGISTRATION FORM:

PLEASE circle your course date:

JAN 12   APRIL 13   JULY 13   OCT 11

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: \_\_\_\_\_