

CHICAGO DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE MANAGER CERTIFICATE APPLICATION

CHICAGO DEPARTMENT OF PUBLIC HEALTH FOOD PROTECTION DIVISION

FOOD SERVICE SANITATION MANAGER

PROGRAM

Phone: (773) 602-5490

If you require a receipt please include a self-addressed stamped envelope.

MAILING ADDRESS:

Kennedy-King Food Service Sanitation Program 6301 South Halsted, W Building

Chicago, IL 60621-3979

****Please	Print	Clearly	or	Type****
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First Name:	Last Name:			
Last 4 digits Social Security	<i>y</i> #:	Date:		
Home Address:		Apt#:		
City;	State:	Zip Code:		
Daytime Phone #:	Email:			
□ NEW/RECIPROCITY REQUEST - PLEASE PROVIDE THE FOLLOWING REQUIRED PRINTED ITEMS:				
□ Completed Training Hours' Verification form for an approved food protection manager course. (Instructor led course must be conducted by approved City of Chicago Instructor verified with completed hours of training verification form. On-line training course needs training hours' form completed by proctor or proof of completion from an approved on-line training course.)				
□ Valid National Food Protection Manager Certificate from ANSI accredited Testing Agency*				
\Box Copy of valid Picture ID (Driver's license, state ID, passport or other government issued ID)				
□ \$52.00 Fee Cash or Money Order payable to Kennedy-King College (If applying by mail a \$52.00 Money Order payable to Kennedy-King College is required.) *Approved testing agencies for Certified Food Protection Manager: ServSafe, National Registry for Food Safety Professionals, 360 Training, Above Training/State Food Safety, The Always Food Safe Company, 1AAA Food Handler				
☐ DUPLICATE REQUEST (reprint of valid Chicago certificate) - PLEASE PROVIDE THE FOLLOWING ITEMS:				
☐ Copy of valid Picture ID (Driver's license or state ID, passport or other government issued ID)				
□ \$52.00 Fee Cash or Money Order payable to Kennedy-King College (If applying by mail a \$52.00 Money Order payable to Kennedy-King College is required.)				
□ CDPH Certificate #	Exam Date:	Exp. Date:		
PLEASE ENSURE THAT YOU PROVIDE ALL REQUESTED ITEMS LISTED ABOVE OR YOUR APPLICATION WILL BE RETURNED AND NOT PROCESSED.				
Training Provider:	Instructor/Pro	ctor:		
Location of Exam (State):	Type of Training (Check One):Instruc	tor Led Class or On-Line		
Applicant Signature:	Office Use Only Receipt Number:			

AFTER APPLICATION IS APPROVED BY THE FOOD SERVICE SANITATION STAFF - PAY THE CASHIER AT THE BUSINESS OFFICE LOCATED ON THE 1ST FLOOR. RETURN TO THE FOOD SERVICE SANITATION OFFICE WITH THE APPLICATION AND RECEIPTS FROM THE CASHIER.

Original Copy FSSP, Yellow Copy Business Office, Pink Copy Applicant

*****Allow 4 - 6 Weeks for Processing *****