



PREVENT. PROMOTE. PROTECT.

Application to Attend HCPH Food Handler Training

- INSTRUCTIONS:**
1. Complete the application below.
 2. Sign and Date the application.
 3. Make a check or money order payable to: **HCPH**
 4. Return check and signed application at least 10 days prior to course date to:

Hamilton County Public Health, EH
 250 William Howard Taft Road, 2nd Fl
 Cincinnati, Ohio 45219

PLEASE PRINT

Participant Name:	Today's Date:
Participant Mailing Address (include city, state, zip):	Participant Phone #:
Facility Employed:	Years of Food Handling Experience:
Email Address:	
Any past Food Safety Courses or Certifications, please specify:	
Course Date or Requested Date:	Course Time or Requested Time:

_____ **Level 1 Certification** meeting the requirements of 3701-21-25 is for basic food handler certification. It covers the basic principles of food protection including: food sources, personal hygiene and handwashing, cross contamination, cleaning/sanitizing of equipment and utensils, and proper cooking, cooling, and holding of food. **2 hours \$20.00**

_____ **Level 1 Certification** taught onsite at a facility located within Hamilton County. Complete above sections on application for facility location and contact information. An application completed by each student will be required at the time of the training. **2 hours \$100.00 per class - up to 25 students per class #** of Students: _____

_____ **Level 1 Certification** for Non Profit or Educational Institution. Exemption form required to be attached to this document. **2 hours \$0.00**

_____ **Level 2 Certification SERVSAFE** meets the requirement for demonstration of knowledge in rule 3717-1-02.4 This course offers an in depth look at topics including microbiology, personal hygiene, food sources, cleaning/sanitizing of equipment and utensils, facility design and construction and their relationship to managing food safety, proper cooking, cross contamination and much more. **2 days \$150**

To receive a refund, cancellations must be received 10 days in advance prior to the scheduled course date. All refund requests must be in writing and made out to HCPH.

Signed: _____ Date: _____

To be completed by Health Department:

Payment Received Date:	Amount Received:	Receipt Number:
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Payment Processed By: _____ Date: _____