

**Sangamon County Department of Public Health
8 Hour Certified Food Manager Certification
2019 Course Enrollment Form
(Student keeps this page) 217-535-3145 fax 217-747-5103**



Main Course Dates: (\$125- includes ServSafe book and class material):

- | | |
|-------------------|--------------------|
| A) February 26-27 | D) September 24-25 |
| B) April 23-24 | E) November 5-6 |
| C) June 25-26 | |

Time: 8:30 a.m. – 4:00 p.m. each day (Class size is limited to 25 people)

Location & Contact Information: SCDPH, 2833 S. Grand Ave. E., Springfield, IL 62703

Instructors: Kahla Zander, Darlene Powell, Teschlyn Woods, Tim Dudas, Dan Bitner

Pre Class: You are able to pick your book up early to study. Take a practice test at:

www.hospitalitytrainingcenter.com/ServSafe/manager/test

Class: Present a valid picture ID, pre-payment, pre-registration (this form), and **attendance on both days.**

Retesting dates: \$38- course taken with SCDPH, \$55-course taken from approved source other than SCDPH—must bring proof of 8 hour course completion. Retest times: 1:30-3:30 pm

March 28	May 30	July 25	October 24	December 12
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Special Accommodations- (Pre Approval form is required 30 days before test date)

Sangamon County Dept of Public Health must be notified of any accommodation requests for special needs examinees 30 days prior to the exam date. This includes:

Translation Reader Scribe Extended testing Other _____

Optional Exam Languages

Spanish Chinese Large Print English French Canadian Japanese Korean

Email

Examinees with Disabilities- Pre Approval form is required for exam reader, extended time, etc.

The Association provides reasonable accommodations to individuals with disabilities following procedures that are consistent with the Americans with Disabilities Act, Uniform Guidelines on Employee Selection Procedures and the Standards for Education and Psychological Testing.

(Office Copy)

Remove this page, complete and mail it (along with fee) to:

Sangamon County Department of Public Health
Attention: Food Safety Program
2833 South Grand Avenue East
Springfield, IL 62703

Name: _____

Home Address: _____

Phone: _____ Food Establishment: _____

Email Address: _____

Main Class date ____ (\$125):

- A) February 26-27 B) April 23-24 C) June 25-26
D) September 24-25 E) November 5-6

Book was picked up early Date: _____

Retest date: ____ **\$38 Re-test (SCDPH)** ____ **\$55** **Test/re-test (other instructor) Time: 1:30-3:30pm**

- A) March 28 B) May 30 C) July 25 D) October 24 E) December 12

Optional Test Language:

English Large Print Spanish Chinese French Canadian Japanese Korean

Special needs/ disabilities: Attach request form at least 30 days in advance of the testing date.

Translation Reader Scribe Extended testing other _____

Fees are non-refundable. Make checks payable to SCDPH. In the event a cancellation is unavoidable, please contact our office.

Signature: _____ Date: _____