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

A) March 9-10
B) May 6-7
C) June 8-9
D) September 22-23
E) November 16-17

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: Darlene Powell, Tim Dudas, Dan Bitner, Colleen Kelley

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

April 2 May 21 July 1 August 5 October 14 December 9

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.
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) March 9 - 10    B) May 6 - 7    C) June 8 - 9

D) September 22 - 23    E) November 16 - 17

Book was picked up early   Date:__________________

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

A) April 2   B) May 21   C) July 1   D) August 5   E) October 14   F) December 9

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: ___________________