



**Application for Ohio Department of Health
Manager Certification in Food Protection**

Authority: 3717.09 ORC; 3701-21-25 OAC

To request the Ohio Manager Certification in Food Protection, you must complete this application and submit it with all requested material to:

Ohio Department of Health
BEHRP Food Safety Program
246 N. High St.
Columbus, Ohio 43215

Or email to: foodsafety@odh.ohio.gov

First Name:	Middle Initial:	Last Name:
Address		
City	State	Zip Code
Phone:	Email:	
Are you a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran (proof of service member/veteran status must be attached)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Completed course information:

Name of Instructor/Proctor:	
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The following documents must be provided along with this application:

1. Proof of completion of an approved manager certification course of study from the instructor, ***or*** proof of completion of an approved manager certification online course; and
2. A copy of the exam certificate received.

I hereby certify that the information provided is correct to the best of my knowledge.

Signature:	Title:	Date:
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