

Food Manager Certification

INITIAL APPLICATION

Applicant information

Name _____
Last First Full middle name

Mailing address _____
Street City State ZIP County

Social security number * _____ Contact phone _____

* Required under Minnesota Statutes, section 270C.72, subdivision 4

Applicant email _____

Preferred method to receive renewal notifications

Mailing address Applicant email

Employment information

Fill this in only if you work at a licensed establishment

Establishment name _____ License number (if known) _____

Work phone number _____

Establishment address _____
Street City State ZIP County

Type of establishment

Bakery Grocery store Convenience store
 Bar Restaurant/fast food Camps
 Catering School Hotel/motel
 Day care Specialty food market Other _____

Approved exams

The exam certificate is accepted as far back as three years. If your exam certificate is more than three years old, but has not expired, take an approved four hour continuing education course. If your exam certificate has expired you will need to retake the whole course and exam.

If you no longer have the exam certificate, first try to get a copy of the certificate or other proof of having passed the exam from the organization, company or school that conducted the course of the exam you took. If that does not work, contact the organization that provided the exam.

Applicants for initial certification must provide proof they have passed an exam from an organization accredited by the [ANSI-CFP Accreditation Program](#).

Individuals applying for CFM in the State of Minnesota

The commissioner of health will use information provided in this application to determine if you meet the requirements for food manager certification. Submitting false information is grounds for denying your application or suspending, revoking or taking other disciplinary action against your certificate, if issued. Failure to provide required information may delay the processing of your application and may be grounds for denying your application.

For information on licensing data see Minnesota Statutes, section 13.41.

Submit application

Before mailing, be sure to include the following

1. Completed and signed application form
2. Copy of your exam certificate
3. Check or money order (do not send cash) made payable to MDH for \$35

Mail to

Minnesota Department of Health
Food Manager Certification
Food, Pools, and Lodging Services Section
PO Box 64495
St. Paul, MN 55164-0495

Incomplete applications will be returned to the applicant.

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check as in Minnesota Statutes, section 604.113, subd.2 (a). Additional civil penalties may be imposed for non payment.

I certify that the information provided and submitted on this application is accurate and complete.

Signature _____ Date _____

Resources

[Initial Minnesota CFM](https://www.health.state.mn.us/divs/eh/food/cfm/howto.html#initialcfm)

<https://www.health.state.mn.us/divs/eh/food/cfm/howto.html#initialcfm>

[ANSI-CFP Accreditation Program](https://www.ansi.org/accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4)

<https://www.ansi.org/accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>

Minnesota Department of Health
Food, Pools, and Lodging Services Section
651-201-4500
health.foodlodging@state.mn.us
www.health.state.mn.us

12/18/2017

To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper.