



Food Manager Certification

RENEWAL APPLICATION

Minnesota Food Manager Certificate # FM _____ Certificate begin date _____

Certificate expiration date _____

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

<input type="checkbox"/> Bakery	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Convenience store
<input type="checkbox"/> Bar	<input type="checkbox"/> Restaurant/fast food	<input type="checkbox"/> Camps
<input type="checkbox"/> Catering	<input type="checkbox"/> School	<input type="checkbox"/> Hotel/motel
<input type="checkbox"/> Day care	<input type="checkbox"/> Specialty food market	<input type="checkbox"/> Other _____

Continuing education

Provide documentation of successful completion of at least four contact hours of continuing education within the 36 months directly preceding submittal of the renewal application. The continuing education certificate must include:

- the name, address, and telephone number of the person providing the continuing education; an agenda and course outline, or other material that demonstrates that the course addressed food sanitation and safety or emerging trends in food preparation and handling, sanitation, or
- the prevention of foodborne illness; and
- the number of hours of instruction and the dates and location of the continuing.

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 continuing education 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 nonpayment.

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

Signature _____ Date _____

Resources

Minnesota CFM Renewal

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

ANSI-CFP Accreditation Program

<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.