



**Minnesota Department of Health
Food Manager Certification
Environmental Health Services Section
P.O. Box 64495
St. Paul, Minnesota 55164-0495
(651) 201-4500
TTY (651) 201-5797**



www.health.state.mn.us/divs/eh/food/fmc/applications.html

**State of Minnesota Food Manager Certification
Initial Application**

Before this application can be processed, all questions must be answered in their entirety. This application must be accompanied by a nonrefundable \$35 (fee increase effective July 1, 2009) Certification Fee, made payable to the Minnesota Department of Health, using a cashier's check, money order or personal check. Do not send cash. **Submit application to the above address.**

Applicant Information (Required):

Name: _____
 (Last) (First) (Full Middle Name)

Mailing Address: _____
 (Street/P.O. Box) (Apt #)

 (City) (State) (Zip Code)

County: _____ **Telephone Number:** _____

Social Security Number: _____ - _____ - _____ **(Required)**

Under Minnesota law, all licensing agencies must require applicants for licenses or certificates to provide their social security numbers.

Certification Exam Information (Required): A copy of the exam certificate must be provided.

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 you are only required to take one of the approved four hour refresher/recertification courses. 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.

Organization	Name of Exam	Telephone
Educational Foundation of the National Restaurant Association	Serv Safe	1-800-765-2122
Prometric	Certified Professional Food Manager	1-800-624-2736
National Registry of Food Safety Professionals or Professional Testing, Inc.	Food Safety Manager Certification	1-800-446-0257

For Office Use Only:
 Date Received: _____
 Amount: \$ _____ Check #: _____
 Approved: Yes _____ No _____

Please Complete the Reverse Side of Application ➔

Employment Information: (Please fill this in only if you work at a food establishment)

Establishment Name: _____

Establishment Address: _____

(Street/P.O. Box)

(Apt #)

(City)

(State)

(Zip)

County: _____ **Work Telephone No.:** _____

Establishment License Number (if known, not required) _____

Type of Establishment:

Bakery

Restaurant/Fast Food

Hotel/Motel

Bar

School

Other (please describe): _____

Convenience Store

Specialty Food Market

Day Care

Camps

Grocery Store

Catering

Notice to individuals applying for Food Manager Certification 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. Before the commissioner issues a certificate to you, Minnesota Statutes, section 270.72, subdivision 4, requires you to supply your social security number. Other than the social security number, you are not legally required to provide the requested information. However, 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.

Under Minnesota Statutes, section 13.41, information you provide on this application, except for your name and address, is private data while pending. However, in circumstances authorized or required by law, it may be disclosed to others, including the Attorney General's Office, the Department of Revenue, and persons contacted for purpose of verification or investigation. If the matter of your certification becomes contested, the information submitted in this application may become public. Once you are certified, the information, except for your social security number, becomes public data and will be part of the agency's permanent files.

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.

To request this application in another format, call 651-201-4500.

Before mailing, check to be sure that your application materials include the following:

____ 1. Completed and signed application form

____ 2. Copy of your exam certificate

____ 3. Check or money order made payable to the MDH for **\$35 (fee increase effective July 1, 2009)**

Incomplete applications will be returned to the applicant.

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

Signature: _____ **Date:** _____