

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

CFPM Renewal Application

CERTIFIED FOOD PROTECTION MANAGER (CFPM)

CFPM Certificate # FM _____ Certificate effective date _____
Certificate expire date _____

Applicant Information

Check box to indicate name change

Name _____
Last First Full middle name

Mailing address _____
Street Apt. (if applicable)

City State ZIP Code County

Social Security Number * _____

* Required under Minnesota Statutes, Section 270C.72, Subdivision 4

Applicant phone _____

Applicant email _____

Preferred method to receive renewal notifications

Mailing address Applicant email

Continuing education

Provide documentation of at least four contact hours of approved continuing education completed between the effective date and expiration date of the Minnesota CFPM certificate.

The continuing education course certificate must include:

1. applicant's name;
2. title of the approved course;
3. number of approved contact hours;
4. course date;
5. instructor's name; and
6. instructor's telephone number or e-mail address.

Submit application and continuing education certificate

Before mailing, be sure to include the following

1. Completed and signed application form. **This application must be submitted no more than 6 months following the expiration date of the CFPM certificate.**
2. Copy of your continuing education certificate(s).
3. Check or money order (do not send cash) made payable to Minnesota Department of Health for **\$35**.

Mail to

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

Individuals applying for CFPM 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 protection 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.

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, Subdivision 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 \(www.health.state.mn.us/divs/eh/food/cfm/howto.html#renewcfm\)](http://www.health.state.mn.us/divs/eh/food/cfm/howto.html#renewcfm)

[ANSI-CFP Accreditation Program \(www.ansi.org/accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4\)](http://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.fmc@state.mn.us
www.health.state.mn.us

MAY 2019

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