

For Office Use Only:

Date Received: _____

Amount: \$ _____

Check #: _____

Approved: Yes _____ No _____

CFPM Renewal Application

CERTIFIED FOOD PROTECTION MANAGER (CFPM)

CFPM Certificate # **FM** _____ **Certificate begin date** _____**Certificate expire date** _____

Applicant Information

 Check box to indicate name changeName _____
Last First Full middle nameMailing address _____
Street Apt. (if applicable)

City State ZIP Code County

Social Security Number * _____

* Required under 2017 Minnesota Statutes, Section 270C.72, Subdivision 4

Applicant phone _____

Applicant email _____

Preferred method to receive renewal notifications

 Mailing address Applicant email

Continuing education

This application must be submitted no more than 6 months following the expiration date of the continuing education certificate. Provide documentation of successful completion of at least four contact hours of continuing education within-the effective dates of the valid certificate.

The continuing education course certificate must include:

the applicant's name; the title of the approved course; the number of approved contact hours; the course date; the instructor's name; and the 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 (signature on page 2).
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
Certified Food Protection Manager
Food, Pools, and Lodging Services Section
PO Box 64495
St. Paul, MN 55164-0495

Complete reverse side

CFPM RENEWAL APPLICATION

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 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 2017 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 2017 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.foodlodging@state.mn.us
www.health.state.mn.us

December 2018
To obtain this information in a different format, call: 651-201-4500.