

Revised 01/02/2018

# Rhode Island Department of Health

## Application and Instructions for:



### Manager Certified In Food Safety Instructor

Applicant Name

#### OFFICE USE ONLY

OFFICE USE ONLY		
	Initials	Date
Approved by		
Certificate No.		

# INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.
- Registration forms must be either typed or legibly printed using a ballpoint pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and your certificate will not be issued.
- If you have any questions concerning this application, call the Department of Health, Center for Food Protection at (401) 222-2749.
- Application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.
- **NOTE: Please notify the Center for Food Protection in writing within ten (10) days of a change of name, employment or address.**

## DOCUMENTATION REQUIREMENTS

- Please attach your test score (90 or above) for the Certified Manager in Food Safety monitored examination.
- Please complete the enclosed mandatory addendum form with your social security number.

## OTHER REQUIREMENTS

An Instructor must earn eight (8) hours of training (professional development units-PDU's) every three years in order to maintain their certificate of approval. Proof of attendance (certificates), copies of program/conference agendas and the number of training hours must be submitted upon request to the Center for Food Protection for approval.

Submit completed application and documentation to:

Rhode Island Department of Health  
Center for Food Protection  
Food Manager Certification Program  
Three Capitol Hill  
Room 203  
Providence, RI 02908-5097



State of Rhode Island and Providence Plantations  
Department of Health  
Center for Food Protection

**Name:**

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name:

Maiden Name:

**Social Security Number:**

- -

**Gender:**

M

F

**Date and Place of Birth:**

Date

/

/

Place

City

State

**Residence Information:**

It is your responsibility to keep the Department apprised of all address and phone number changes.

**(Not published on the HEALTH web site).**

Address Line 1

Address Line 2

Address Line 3

City,State, ZipCode

Country (only if not in US)

Phone:

Fax:

Email Address:

**Business Information:**

(Only complete if consultant not associated with an institution)

Please provide the employment information related to this certificate.

**(Published on the HEALTH web site).**

Address Line 1

Address Line 2

Address Line 3

City,State, ZipCode

Country (only if not in US)

Phone:

Fax:

Email Address:

**Experience:**

**(Teaching, food service, regulatory)**

Note: A resume may be submitted in lieu of competing this section.

Briefly describe your food service experience (Include lengths of time)

**Institution/Company  
Sponsoring your course:**

**Note: Only complete this section if affiliated with an institution ie. a university, hospital, school or food service company..**

(Published on the HEALTH web site)

Name:  
Address Line 1  
Address Line 2  
Address Line 3  
City,State, ZipCode  
Country (only if not in US)  
Phone:  
Fax:  
Email Address:  
Contact Person:

**Education Information:**

Did you pass the Food Protection Certification Monitored Examination?

Yes                      No

If Yes, Please List  
Name of Testing Company  
Date of Examination

Score Received

**Disciplinary Actions**

Check either "Yes" or "No" for each question. NOTE: If you answer "YES" to any question, you are required to furnish completed details, including date, place, reason and disposition of the matter.

**Disciplinary Question A**

Have you ever been convicted of a violation of, or pled Nolo Contendere to any Federal, State or local statute, regulation or ordinance, or entered into a plea bargain related to a felony, (including convictions for driving under the influence), or related to the manufacture, distribution, possession, prescribing, administering or dispensing of drugs presently defined as controlled substances under (Chapter 21-28) of the General Laws of Rhode Island?

Yes                       No

**Disciplinary Question B**

Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation?

Yes                       No

**Training Program:**

State regulations require all certified food safety instructors to be affiliated with an approved training program in the space provided.

Name of training program:  
Or  
Name of consultant:

<p><b>SSN/FEIN:</b></p> <p><b>(Social Security Number/Federal Employer Identification Number)</b></p> <p>Please note if you are a sole proprietor this number may be your SSN.</p>	<p>Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p><b>SSN/FEIN #:</b></p>
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<p><b>Affidavit of Applicant</b></p> <p>Read, sign and date this Affidavit.</p>	<p style="text-align: center;"><b>AFFIDAVIT AND SIGNATURE</b></p> <p style="text-align: center;"><b>This Application Must be Signed</b></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my Certificate of Approval in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____</p> <p><b>Signature of Applicant</b></p> <p style="text-align: right;"><b>Date of Signature (MM/DD/YY)</b></p>
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