



Registered ServSafe Proctor & Certified ServSafe Instructor



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ServSafe® Food Manager Certification Course

Registration in the ServSafe Food Manager Certification course at the St. Clair County Health Department with our Certified ServSafe Instructor; Registered ServSafe Proctor is open to anyone. ServSafe certification is the official program of the National Restaurant Association, ANSI Accredited, recognized nationwide and valid for five years. Certification would fulfill the Food Law requirement that one manager per food establishment has completed a Food Safety Certification Course.

Where

Lake Huron Retreat Center, 8794 Lakeshore Rd, Burtchville, MI 48059

Class Schedule

10.5-hour course format, and 2 hour proctored exam according to following schedule:

Tuesday, April 9, 2019	8:00 AM – 4:00 PM (1/2 hour break for lunch)	Class Day One (Lunch Provided)
Wednesday, April 10, 2019	8:00 AM – 3:00 PM (1/2 hour break for lunch)	Class Day Two & Exam *Photo ID Required (Lunch Provided)

*Registered examinees may be denied opportunity to take exam without refund if late for exam or photo identification is not provided. An applicant must successfully pass the exam with a minimum 75% score to receive a certificate.

Cost

\$95.00 Includes two days instruction, 7th Edition ServSafe Manager Book, study materials, and exam.

\$50.00 Includes exam only. **Must arrive by Noon on April 10, 2019.**

*We may be able to accommodate students who need reading assistance, or materials in other languages if requested in advance. Indicate accommodation requests on your registration form.

For additional information contact Ashley Castello at (810) 987-5306 or acastello@stclaircounty.org

Normal business hours: Monday 8:00 a.m. – 6:30 p.m. & Tuesday - Friday 8:00 a.m. – 4:30 p.m.



Complete this registration form, detach and submit with payment no later than March 19th, 2019 to reserve your spot.

Mail: St. Clair County Health Department, 3415 - 28th Street, Port Huron, MI 48060 Fax: (810) 985-5533

Payment may be made with cash, check or credit card (Visa, MC & Discover with a convenience fee).

Facility & Address: _____

Student 1	Student 2	Student 3
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone # () _____	Phone # () _____	Phone # () _____
Email _____	Email _____	Email _____
Full class and exam \$95.00 <input type="checkbox"/>	Full class and exam \$ 95.00 <input type="checkbox"/>	Full class and exam \$ 95.00 <input type="checkbox"/>
Exam only \$ 50.00 <input type="checkbox"/>	Exam only \$ 50.00 <input type="checkbox"/>	Exam only \$ 50.00 <input type="checkbox"/>

Total amount enclosed \$ _____ Any Special Accommodations Requested: _____