ONE DAG HAMMARSKJOLD BLVD., SUITE 6, FREEHOLD, NJ 07728
PHONE: (732) 845-0886 FAX: (732) 845-0412

WWW.NJEHA.ORG

Application for Professional Food Manager Certification Training

Training Date: April 12, 2010 Training Location: Monmouth County Health Dept.
3435 Highway 9 Freehold, New Jersey 07728

Applicants Name:_____

Applicants Address:_____

Applicants Phone Number_____

Food Establishment's Name:_____

Food Establishment's Address:_____

Food Establishment's Phone Number:_____

Test Language (Check One) English _____ Spanish_____ Chinese_____

French_____ Korean _____ Arabic_____

Please attach a Check or Money order for $100.00 made payable to:
New Jersey Environmental Health Association

Mail or Deliver This Registration Form with Payment not later than April 5, 2010 to:
Monmouth County Health Department c/o Alice Cadotte
3435 Highway 9 Freehold, NJ 07728

Print Name_____ Signature_____

Check_____ Money Order_____

*Fee includes **Training Course, Study Book, Exam and Certificate**. Study Book will be issued with payment received, on the day of the course. A required exam will be provided at the end of the class. A Food Protection Manager Certificate will only be issued (by Mail) to attendees who pass the exam. The Certificate will satisfy state requirements for New Jersey food establishments under NJAC 8:24-2.1.

Training Course 8:30AM-6:30PM LUNCH IS PROVIDED