



CITY COLLEGES of CHICAGO
Kennedy-King

**CHICAGO DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE
MANAGER CERTIFICATE APPLICATION**

**CHICAGO DEPARTMENT OF PUBLIC HEALTH
FOOD PROTECTION DIVISION
FOOD SERVICE SANITATION MANAGER
PROGRAM**

Phone: (773) 602-5490

*If you require a receipt please include
a self-addressed & stamped envelope.*

MAILING ADDRESS:
Kennedy-King College
Food Service Sanitation Program
6301 South Halsted
W Building
Chicago, IL 60621-3979

****Please Print Clearly or Type****

First Name:	Last Name:
Last 4 digits Social Security #:	Date:
Home Address:	Apt#:
City:	State: Zip Code:
Daytime Phone #:	Email:

- NEW/RECIPROCITY REQUEST - PLEASE PROVIDE THE FOLLOWING REQUIRED PRINTED ITEMS:**
- Completed Training Hours' Verification Form (Instructor led course must be conducted by approved City of Chicago Instructor verified with completed hours of training verification form. On-line training course needs training hours' form completed by proctor or proof of completion from an approved on-line training course.)
 - Valid National Food Protection Manager Certificate from ANSI accredited Testing Agency*
 - Valid Picture ID (Driver's license, state ID, passport or other government issued ID)
 - \$52.00 Cash or Money Order payable to Kennedy-King College (Checks and Credit Cards are NOT accepted.)
If applying by mail a \$52.00 Money Order payable to Kennedy-King College is required.
- *Approved testing agencies: ServSafe, Prometric, National Registry for Food Safety Professionals, 360 Training, Above Training/State Food Safety, The Always Food Safe Company or valid Illinois FSSMC

- DUPLICATE REQUEST - PLEASE PROVIDE THE FOLLOWING ITEMS:**
- Valid Picture ID (Driver's license or state ID, passport or other government issued ID)
 - \$52.00 Cash or Money Order payable to Kennedy-King College (Checks and Credit Cards are NOT accepted.)
If applying by mail a \$52.00 Money Order payable to Kennedy-King College is required.
 - CDPH** Certificate # _____ Exam Date: _____ Exp. Date: _____

PLEASE ENSURE THAT YOU PROVIDE ALL REQUESTED ITEMS LISTED ABOVE OR YOUR APPLICATION WILL BE RETURNED AND NOT PROCESSED.

Training Provider: Paladin Mgmt Consultants	Instructor/Proctor: Paladines, Michael
Location of Exam (State): Illinois	Type of Training (Check One): Instructor Led Class <input checked="" type="checkbox"/> or On-Line <input type="checkbox"/>
Applicant Signature: _____	Office Use Only Receipt Number: _____

AFTER APPLICATION IS APPROVED BY THE FOOD SERVICE SANITATION STAFF - PAY THE CASHIER AT THE BUSINESS OFFICE LOCATED ON THE 1ST FLOOR. RETURN TO THE FOOD SERVICE SANITATION OFFICE WITH THE APPLICATION AND RECEIPTS FROM THE CASHIER.

Original Copy FSSP, Yellow Copy Business Office, Pink Copy Applicant

*******Allow 4 – 6 Weeks for Processing *******