



Department of State Health Services

Cert Program Application	
BUDGET	ZZ106
FUND:	126
LICENSE #:	

**CERTIFIED FOOD MANAGER PROGRAM
 CERTIFICATION LICENSE APPLICATION
 (Health and Safety Code (HSC), Chapter 438, Subchapter D)**

Return both the completed application and **non-refundable fee** made payable to the
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES at:
 Texas Department of State Health Services, P. O. Box 149347, Mail Code 2003, Austin, Texas 78714-9347.
 You may visit our website at: <http://www.dshs.state.tx.us/fdlicense/apps.shtm>

Please note that this application is for a CERTIFICATION PROGRAM. A separate application package is required for a Recertification Program or a Test Site. Applications may be downloaded at: <http://www.dshs.state.tx.us/fdlicense/apps.shtm>, or contact this office at (512) 834-6727.

Name of Business Applying to Operate Program: _____

Name of Business Owner (Licensee of Program): _____

Physical Address of Program: _____

City, State, Zip Code: _____ County: _____

Mailing Address (if different from Physical Address): _____

Telephone # at Physical Address: _____ Program's Fax #: _____

Program's Email Address: _____

Program's Website (URL): _____

Please check the appropriate box: (All Fees are NON-REFUNDABLE)

2 Year Licensing Fee - \$600.00

Late Fee - \$100.00

Late fees are assessed to any licensee who files for renewal after the license expiration date, or any returned check received after the expiration date.

EXAMINATION SECURITY AGREEMENT: I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Certified Food Manager (CFM) Program and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets and answer sheets issued to me upon request. I further understand that failure to comply with the terms of this agreement may constitute just cause for program review and/or revocation of program or test site license.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

 Signature of Program Licensee

 Date

 Printed Name & Title

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
 PAGE 1 OF 4**

PURPOSE OF THIS APPLICATION: Check Appropriate Box

- New:**
- Renewal:** Renewals are valid for two years from the anniversary date. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.
- Amended:*** Effective Date: _____
 Change of Location Change of Name Other: _____
- Change of Ownership:*** Effective Date: _____
Previous Business Name and License #: _____
- Out of Business:** Effective Date: _____ (I choose not to renew my Certification License)

*A completed application must be submitted with appropriate fees prior to a change of license ownership, site location, or change of name. The effective date of change becomes the new anniversary date.

PROGRAM INFORMATION: Check All That Apply

- Program:** Public Program Private Program
- Language:** English Spanish Other (please specify): _____
- Method:** Classroom CD Other (please specify): _____
- Schedule:** A schedule of training may be requested for program audit purposes.

EXAMINATION: Only Department Approved Examinations may be utilized.

- State National (please specify): _____

EXAMINATION SHIPPING: (if different from mailing address)

(Examinations may only be shipped to individuals with an Examination Security Agreement on file)

Ship To: _____

Address: _____

City, State, Zip Code: _____

INSTRUCTORS: List the name of each New & Renewal Instructor(s) who will teach for the program. Attach a completed Instructor or Instructor Renewal Application for each instructor listed below.

<u>Instructor Name</u> *	<u>New</u>	<u>Renew</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

* Please submit a list of any additional instructor names along with their Instructor Application.

EXAMINATION SECURITY AGREEMENT: A completed Examination Security Agreement must be submitted for each program sponsor, examination administrator or proctor utilizing the State examination.

Sponsor/Administrator/Proctor *

_____	_____
_____	_____
_____	_____

* Please submit a list of any additional names along with their Examination Security Agreement.

The following documents MUST be submitted with this application and licensing fee:

Initial Application: Instructor Application(s) Examination Security Agreement(s) Program Curriculum (14 hr)

Renewal Application: Instructor Application(s) new & renewals Examination Security Agreement(s)

Instructor and Instructor Renewal Applications, and the Examination Security Agreements be downloaded from the CFM website at:

www.dshs.state.tx.us/foodeestablishments/cfm.shtm

ALLOW 4-6 WEEKS PROCESSING TIME

FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY ACCREDITATION



TEXAS

Department of State Health Services

**CERTIFIED FOOD MANAGER PROGRAM
INSTRUCTOR APPLICATION**

The Certified Food Manager (CFM) **PROGRAM LICENSEE** must Mail or Fax the completed Instructor Application and ALL required documentation to: Texas Department of State Health Services, Certified Food Manager Program, 1100 W. 49th Street, Mail Code 2003, Austin, TX 78756-3182. Telephone: (512) 834-6727, Fax: (512) 834-6741. Visit our website at: www.dshs.state.tx.us/foodestablishments/cfm.shtm

FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION WILL DELAY PROCESSING

PLEASE TYPE OR PRINT LEGIBLY

Program License Number: _____

1. Licensed CFM Program: _____

2. Instructor Name (Candidate): _____

Last First MI

3. Telephone (Daytime): _____

Area Code Number

4. Email: _____

5. Instructor Training Requirements - Certified Food Manager Certificate:

Attach a copy of current CFM Certificate

6. Instructor Experience or Education Requirement: Complete A or B

A. Graduate/Bachelor/Associate Degree Applicant:

Attach copy of transcript and diploma. The degree must be in area of Food Safety/Environmental Health/or Natural Sciences. OR

B. Work Experience Applicant:

(1) 2 years of State or Local Health Department Regulatory Food Inspection Work Experience OR

(2) 5 years of Managerial Food Establishment Work Experience

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AFFIDAVIT: I hereby certify that the information given above is true and correct to the best of my knowledge and that all required documentation is attached. I understand that in accordance with the Rules for Accreditation of Certified Food Management Programs, §229.172 (i)(1), I am required to obtain a minimum of 5 clock hours of continued professional training in food safety or instructor enhancement related topics in order to renew CFM Instructor qualification.

Signature of Instructor (Candidate): _____ Date _____

Signature of CFM Program Licensee: _____ Date: _____

FOR CFM OFFICE USE ONLY:

Certified Food Management Certificate:

Work Experience Verification: Regulatory (2 Yrs)

Industry (5 Yrs)

Degree Verification: Transcript

Diploma

Approved: Instructor Number: _____ Expiration Date: _____

Disapproved: Comments: _____

Signature: _____ Date: _____



TEXAS

Department of State Health Services

**CERTIFIED FOOD MANAGER PROGRAM
EXAMINATION SECURITY AGREEMENT**

The Certified Food Manager (CFM) Program or Test Site Licensee must Mail or Fax a completed Examination Security Agreement for each CFM course sponsor, examination administrator or proctor to: Texas Department of State Health Services, Certified Food Manager Program, 1100 W. 49th Street, Mail Code 2003, Austin, TX 78756-3182. Telephone: (512) 834-6727, Fax: (512) 834-6741. Visit our website at: www.dshs.state.tx.us/foodestablishments/cfm.shtm

FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION WILL DELAY PROCESSING

PLEASE PRINT LEGIBLY

Program or Test Site License Number: _____

1. Licensed CFM Program or Test Site: _____

2. Program or Test Site Responsibility/Title:

Program Sponsor Examination Administrator Proctor Other _____

3. Name: _____

4. Telephone (Daytime): _____

5. Email: _____

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Signature of Sponsor/Administrator/Proctor: _____

Date: _____

Signature of Program or Test Site Licensee: _____

Date: _____

FOR CFM OFFICE USE ONLY:

Assigned Number: _____
Program Sponsor/Examination Administrator/Proctor

Expiration Date: _____