



**CERTIFIED FOOD MANAGER PROGRAM  
EXAMINATION BOOKLET ORDER FORM  
Certification & Recertification Programs Only**

Return both the completed form and fee made payable to the

TEXAS DEPARTMENT OF STATE HEALTH SERVICES at:  
Texas Department of State Health Services, P. O. Box 12008, Austin, Texas 78711-2008.  
You may visit our website at: [www.dshs.state.tx.us/foodestablishments/cfm.shtm](http://www.dshs.state.tx.us/foodestablishments/cfm.shtm)

**Note: Only DSHS licensed Certified Food Manager Programs may use this form to order exam booklets.  
Telephone: (512) 834-6727, Fax: (512) 834-6741.**

Name of Business Operating CFM Program: _____	
Name of Licensee or Program Sponsor: _____	
Phone Number: _____	
<b>TYPE</b> of CFM Program: Examinations are in English/Spanish <span style="float:right">(If New Program , write "NEW " )</span>	
_____ <b>Certification</b> (14 hour program plus a 75 question examination).	License #: _____
_____ <b>Recertification</b> (6 hour program plus a 50 question examination).	License #: _____
<b>EXAMINATIONS ORDERED: (Please check type and quantity requested): <u>Non-refundable</u> Price \$10.00 each</b>	
Certification Examination (English/Spanish):	Quantity: _____ @ \$10.00 each Total: _____
Recertification Examination (English/Spanish):	Quantity: _____ @ \$10.00 each Total: _____
<b>ORDER TOTAL:</b> _____	
<b>EXAMINATION SECURITY AGREEMENT:</b> 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 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 Licensee or Program Sponsor	_____ Date
_____ Printed Name and Title	



**CERTIFIED FOOD MANAGER PROGRAM  
EXAMINATION ORDERING INSTRUCTIONS**

The Department of State Health Services (DSHS), Certified Food Manager (CFM) examinations may be ordered and paid for through the CFM Program. Only Licensed programs and test sites may purchase DSHS examinations.

The Certification Examination is available to all CFM Certification Programs and Test Sites. The Recertification Examination is available to CFM Recertification Programs only. All examinations contain the English/Spanish language.

When ordering examinations, it is important to use the proper order form, and complete in its entirety. The non-refundable fee of \$10.00 per exam must be submitted with the order. Please allow at least 2-3 weeks for processing when ordering exams for scheduled test dates.

Each order shipped will include a sealed examination booklet and a Scantron answer sheet. **The examination booklet shall be opened by the candidate ONLY.**

Examination booklets along with the completed answer sheets must be returned by traceable means (example: Fed Ex, DHL, Lone Star, UPS) to the DSHS Food And Drug Licensing, Certified Food Manager Program, 8407 Wall St. 2nd Floor #S227, Austin, TX 78754. Failure to return the booklets and answer sheets together will delay grading and may result in other regulatory action. The United State Postal Service will not deliver to this address.

If you have any questions or comments regarding the examination ordering process, please contact the CFM Program at (512) 834-6727, Fax: (512) 834-6741 or e-mail at [CFM.BFDS@dshs.state.tx.us](mailto:CFM.BFDS@dshs.state.tx.us).

You may visit our website at: [www.dshs.state.tx.us/foodestablishments/cfm.shtm](http://www.dshs.state.tx.us/foodestablishments/cfm.shtm).