



TEXAS

Department of State Health Services

<b>Recert Program Application</b>	
BUDGET	ZZ106
FUND:	126
LICENSE #:	

**CERTIFIED FOOD MANAGER PROGRAM  
RECERTIFICATION 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 RECERTIFICATION PROGRAM. A separate application package is required for a Certification 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](http://www.dshs.state.tx.us/foodeestablishments/cfm.shtm)

**ALLOW 4-6 WEEKS PROCESSING TIME**

**FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY ACCREDITATION**

**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](http://www.dshs.state.tx.us/foodestablishments/cfm.shtm)

**FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION WILL DELAY PROCESSING**

<b><u>PLEASE TYPE OR PRINT LEGIBLY</u></b>	Program License Number: _____
1. Licensed CFM Program: _____	
2. Instructor Name (Candidate): _____	
Last	First
3. Telephone (Daytime): _____	
Area Code	Number
4. Email: _____	
5. Instructor Training Requirements - Certified Food Manager Certificate: <input type="checkbox"/> Attach a copy of current CFM Certificate	
6. Instructor Experience or Education Requirement: Complete A or B <input type="checkbox"/> 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 <input type="checkbox"/> 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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<b>AFFIDAVIT:</b> 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: _____
<b><u>FOR CFM OFFICE USE ONLY:</u></b>	
<input type="checkbox"/> Certified Food Management Certificate: <input type="checkbox"/> Work Experience Verification: <input type="checkbox"/> Regulatory (2 Yrs) <input type="checkbox"/> Industry (5 Yrs) <input type="checkbox"/> Degree Verification: <input type="checkbox"/> Transcript <input type="checkbox"/> Diploma	
<input type="checkbox"/> Approved:   Instructor Number: _____   Expiration Date: _____	
<input type="checkbox"/> 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](http://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: \_\_\_\_\_