



Application to Conduct a Level Two Certification in Food Protection Course

Authority 3717.09 Ohio revised Code; 3701-21-25 Ohio Administrative Code

The completed application and all requested materials are to be sent to:

Ohio Department of Health, Bureau of Environmental Health

246 N. High St., Columbus, Ohio 43215

Fax: 614-466-4556

Name of Course Provider:			
Street address:			City;
County	State:	Zip:	phone:
Name of Contact Person			phone:
Fax		E-mail address	

For further information refer to the "Guidelines to the Ohio Department of Health's Certification in Food Protection" or contact the Food Safety Program at 614-466-1390. Failure to supply all the information will deny the request.

1. Provide the name of the course and the total contact hours:
2. Describe any methods of training to be used such as guest speakers, interactive computer programming, interactive video, or distance learning:
3. Provide the name, qualifications and a copy of the certificate from the course to be taught for all instructors:
4. Provide a copy of all course materials, including student manuals, instructor notebooks, and handouts (only if the course does not have prior approval).
5. Provide the name of the examination to be used:
6. Provide an example of the certificate issued to individual who attends the course and pass the examination (only if the course does not have prior approval).

I hereby certify that the information provided is correct to the best of my knowledge.

Signature	Title	Date
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Ohio Department of Health to complete below

Action taken	Date
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HEA 5360 (REV 8/12)

**Application for Reciprocity Ohio Department of Health's
Level Two Certification in Food Protection**

Authority 3717.09 Ohio revised Code; 3701-21-25 Ohio Administrative Code

This is a volunteer program in the State of Ohio

The completed application and all requested materials are to be sent to:

Ohio Department of Health, Bureau of Environmental Health,

246 N. High St., Columbus, Ohio 43215

Fax: 614-466-4556

Name:			
Street address:			
City:	State:	Zip:	Phone:
Name of course and examination taken:			
Course sponsor:			

To be eligible for reciprocity you must complete the application and provide all of the following information. Failure to supply the required information will deny the request.

1. A copy of the course curriculum. The course curriculum must include the topics covered and the length of training in hours. The length of contact time in hours is 15 excluding examination.
2. Provide a copy of the certificate received.

I hereby certify that the information provided is correct to the best of my knowledge.

Signature:	Title:	Date:
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Ohio Department of Health to complete below

Action taken:	Date:
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HEA 5361 (REV 8/12)