Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

Certified Food Protection Manager Designation Form
DEMONSTRATED KNOWLEDGE by Exam

I_____ attest that _____
(Print Name of Owner or Operator) (Print Name of Qualified Food Operator)

is employed in a full time supervisory position and has demonstrated knowledge of safe food handling techniques by passing a test administered by the testing organization (approved by the Connecticut Department of Public Health) indicated below (check one):

___ AAA Food Safety LLC, Certified Food Protection Manager
___ APS Culinary Dynamics WFSO-USA Food Protection Manager
___ Certus/State food Safety StateFoodSafety Certified Food Protection Manager Exam
___ Learn2Serve Food Protection Manager Certification Program
___ My Food Service License Certified Food Protection Manager
___ National Restaurant Association Solutions ServSafe Food Protection Manager Certification Program
___ National Registry of Food Safety Professionals Food Protection Manager Certification Program
___ Relish Works, Inc Food Protection Manager
___ Responsible Training/Safeway Certifications, LLC Food Protection Manager Certification
___ The Always Food Safe Company, LLC Food Protection Manager Certification

Signature and Title_____
(Signed by Owner/Operator of the Establishment)
Date_____

Signature and Title_____
(Signed by Certified Food Protection Manager)
Date_____

Name of Establishment_____

Address of Establishment_____
(Street # and Name) (Unit Number) (Town)

Please enclose a copy of Certified Food Protection Manager certificate.