



State of Louisiana
Louisiana Department of Health
Office of Public Health

APPLICATION FOR FOOD SAFETY CERTIFICATION PROGRAM APPROVAL

Failure to Provide All Required Documentation May Delay Processing

This application must be completed by persons or organizations who wish to instruct and/or proctor Food Safety Manager Certification examinations for individuals applying for the Louisiana Department of Health Food Safety Certification. All instructors and/or proctors need to be registered with the Louisiana Department of Health database of providers. Please type or print the requested information and follow all instructions for submitting proper documentation along with the application.

NAME OF SPONSOR/ORGANIZATION OFFERING PROGRAM _____

ADDRESS OF ORGANIZATION OFFERING PROGRAM _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE # (_____) _____ **FAX #** (_____) _____

EMAIL: _____

WEBSITE: _____

Name of proposed food safety and sanitation course to be used in the training program

(Please select all that apply)

1. National Restaurant Association Solutions/ServSafe _____
2. National Registry of Food Safety Professional _____
3. AAA Food Handler _____
4. Learn2Serve (360 Training) _____
5. The Always Food Safe Company _____
6. State Food Safety _____
7. World Food Safety Organization _____
8. EduClasses _____
9. Responsible Training _____
10. Other _____

Organization Providing Test Material

(Please select all that apply)

1. National Restaurant Association Solutions/ ServSafe _____
2. National Registry of Food Safety Professional _____
3. AAA Food Handler _____
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6. State Food Safety _____
7. World Food Safety Organization _____
8. EduClasses _____
9. Responsible Training _____
10. Other _____

Number of hours of In Class Training _____ Number of Self Study Hours _____

Name of Program Representative: _____ Last name _____ First Name _____ MI _____

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____ Phone (____) _____

Please mark all locations where the Food Safety Manager Course and/or exam may be provided by the Sponsor:

Sponsor/Organization address provided on page 1
 A public space such as a library room, etc. Please provide address below:
 Street Address _____ City _____ State _____ Zip _____
 A private rented space, hotel conference room, etc. Please provide address below:
 Street Address _____ City _____ State _____ Zip _____
 A test taker's home
 The instructor/proctor's home
 The Food Service's restaurant/room for individual or group trainings
 Other. Please explain _____

Additional Required Information:

- Provide a copy of the proposed training schedule
- Provide a list of Instructor/Proctors.
- Written description of Exam Security measures

The Program Representative must initial the statements below, then sign and date.

In signing this application, I understand that I am agreeing to abide by all of the regulations of the State of Louisiana regarding the teaching and testing of applicants for a Louisiana Department of Health Food Safety Certificate.

I agree to follow the policies and regulations of the testing company whose exam I provide.

I attest that all of the information contained in this application is true and complete.

I understand that the determination of the fitness of this program shall be as determined by the sole discretion of the LDH Administrator of the Food Safety Certification Program.

I understand that all classes and exam sessions are subject to be audited by Louisiana Department of Health at any time. Our office reserves the right to remove from our Approved Provider List and/or the LDH database the sponsor, instructor, and/or proctor if questionable activities are reported and verified that does not align with the Conference for Food Protection's Standards for Accreditation of Food Protection Manager Certificate Programs
