Certified Food Protection Manager Course (CFPM)
Formerly known as Qualified Food Operator (QFO)
Sponsored by the Northeast District Department of Health

The CFPM is a one day course for Class II, III and IV Food Establishments as required by the Connecticut Public Health Code, 2017 FDA Model Food Code. CFPM Certification is valid for five years.

**Dates:** Please CIRCLE the class date for which you are registering:

- Tuesday, March 3, 2020
- Tuesday, April 7, 2020
- Tuesday, June 2, 2020
- Tuesday, September 8, 2020
- Tuesday, October 6, 2020
- Tuesday, November 10, 2020
- Tuesday, December 1, 2020

**Time:** 8:00 am – 4:00 pm

**Location:** Northeast District Department of Health
69 South Main Street, Unit 4, Brooklyn, CT 06234

**Fee:** $120.00 per participant. See details below.
**During inclement weather months, delays or cancellations of class will be announced on WINY Radio 1350 AM / 97.1 FM.

**Important Class Information:**

- Students must purchase their own book for the class and are responsible for reading the book in order to be prepared for the class and exam. Class books are not available through NDDH.
- Current book is ServSafe Manager, 7th Edition. Be sure that your book contains an unused Answer Sheet, which is required to take the exam. Used books may not contain the required Answer Sheet.
- If your book does not contain an Answer Sheet, or you are taking a re-test only, NDDH will have Answer Sheets available for purchase at a cost of $58. You must provide five working days notice prior to the class date if you will need an Answer Sheet.
- If you do not pass the exam, you may re-take the class and exam again for $120 OR purchase an Answer Sheet for $58 and attend only the final two hours of the class to re-take the exam.
- Class size is limited to 25 participants.

To register, return this form with a check made payable to “NDDH.”

Date of Class:__________ Date Submitted:__________
Name:______________________________
Mailing Address: ____________________________________________________________
City: ____________________________ State: __________
Zip: __________ Phone: __________
Cell Phone: ___________________________
Email: ________________________________
Fax: ________________________________
Employer/Company: ________________________________
Is this a re-take of the exam? _____Yes _____No

Mail to:
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69 South Main Street, Unit 4
Brooklyn, CT 06234
Phone: 860-774-7350
Fax: 860-774-1308
Web: www.nddh.org

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