

# 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, 2022 FDA Model Food Code. CFPM Certification is valid for five years.

**Date:** Thursday, October 5, 2023

**Register by** 9/15/23

**Time:** 8:30 am – 4:30 pm

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



**Fee:** \$145.00 per participant. See details below.

**\*\*Delays or cancellations of class will be announced on WINY Radio 1350 AM / 97.1 FM and will be posted on [www.nddh.org](http://www.nddh.org).**

## 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, 7<sup>th</sup> Edition. ***Be sure that your book contains an unused Answer Sheet (not a voucher), 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 course, you may retake a full 8 hour CFPM class for \$145 OR you may purchase another answer sheet for \$58 and attend the last 2 hours of another class to retake the exam *if space is available in that class*. Priority will be given to those attending the full class.
- Class size is limited to 20 participants.
- If you require an exam in a different language, or an oral exam, you must notify us upon registration.

**To register, return this form with a check made payable to "NDDH" or pay online at [www.nddh.org](http://www.nddh.org).**

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:

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

Phone: 860-774-7350

Fax: 860-774-1308

Email: [email@nddh.org](mailto:email@nddh.org)