



Application for Food Manager Certification

*** Please submit application and fee to 610 Medical Village Drive, Edgewood, KY 41017 ***
(Application and fee not accepted during class)

Please check appropriate certification: **New certification**: ___\$75⁰⁰ **Re-certification**: ___\$60⁰⁰ **Substitute certification**: ___\$30⁰⁰ **Payment method:** Check (payable to NKHD): ____ Money order: ___ Cash: ___ Credit Card (visa, mc, discover): ____ Number: ____ Expiration: ____ Name: ______ SSN (last 4 digits only):_____ Address: _____ Street City State Zip Code Home phone: Work phone: Current employer: _____ Employer address: Street (Address where you work) City State Zip code Please check appropriate address: I choose to have the class confirmation and study guide sent to my *home* address: _____ I choose to have the class confirmation and study guide sent to my employer's address: *** Certification card will be sent to home address *** I choose to have the study guide in: ___English ___Spanish ___Chinese ___Hindi Please check your class preference day and time *** Class openings vary greatly. You will be scheduled for the first available class. Please call for availability. 859.341.4151 ext 2245. New certification: 8:30am-2:30pm (2nd Monday of each month) New certification: 3:15pm-9:15pm (2nd Thursday of each month) Re-certification: 3pm-6pm (2nd Monday of each month) Do not write below this line

Date received: _____
Date confirmed:

Fee amount: _____
Mail: ____ Phone: ____ In-person (office): ___