



## 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: \_\_\_\$75    Re-certification: \_\_\_\$60.00    Substitute certification: \_\_\_\$30

**Payment method:** Check (payable to NKHD): \_\_\_    Money order: \_\_\_    Cash: \_\_\_

Credit card (Visa, Mastercard, Discover): \_\_\_    Number: \_\_\_\_\_    Expiration: \_\_\_\_\_

### Attendee information

Name: \_\_\_\_\_    SSN (last 4 digits only): \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_    City    State    ZIP Code

Home phone: \_\_\_\_\_    Work phone: \_\_\_\_\_

Current employer: \_\_\_\_\_

Employer's address (where attendee works): \_\_\_\_\_  
Street

\_\_\_\_\_    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

*Note: Class openings vary greatly. You will be scheduled for the first available class. Please call 859-341-4151, Ext. 2245 for availability.*

\_\_\_ New certification: 8:30 a.m. to 2:30p.m. on the 2<sup>nd</sup> Monday of each month

\_\_\_ New certification: 3:15 to 9:15 p.m. on the 2<sup>nd</sup> Thursday of each month

\_\_\_ Re-certification: 3 to 6 p .m. on the 2<sup>nd</sup> Monday of each month

### For office use only (Do not write below this line)

Date received: \_\_\_\_\_

Fee amount: \_\_\_\_\_

Date confirmed: \_\_\_\_\_

Mail: \_\_\_ Phone: \_\_\_ In-person (office): \_\_\_