



NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT



Application for Food Manager Certification

*** Please submit application and fee to 8001 Veterans Memorial Drive Florence, KY 41042 ***
(Application and fee not accepted during class)

Please check appropriate certification

Regular Certification: ___\$100 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.

___ 8:30 a.m. to 1:30 p.m. on the 2nd Monday of each month

___ 3:00 p.m. to 8:00 p.m. on the 2nd Monday of each month

___ 8:30 a.m. to 1:30 p.m. on the 2nd Thursday of each month

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

Date received: _____

Fee amount: _____

Date confirmed: _____

Mail: ___ Phone: ___ In-person (office): ___

Northern Kentucky Health Department

859-341-4151 | www.nkyhealth.org