



NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT



Application for Food Protection 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

New certification: ____\$100 Substitute certification: ____\$30 (copy of certification required)

Payment method: Check (payable to NKHD): ____ Money order: ____ Cash: ____

Credit card (Visa, Mastercard, Discover): _____

Number: _____ Expiration: _____

Attendee information

Name: _____ SSN (last 4 digits only): _____

Home address: _____

Street

City

State

ZIP Code

Home phone: _____ Work phone: _____

Current employer: _____

Employer's address (where attendee works): _____

Street

City

State

ZIP Code

Class confirmation and study guide will be emailed.

Email address (required): _____

*** **Certification card will be sent to home address** ***

Please check your class preference day and time (not required for substitute certifications)

*Note: Class openings vary greatly. You will be scheduled for the first available class.
Please call 859-341-4151, Ext. 2018 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: _____

Email: ____ Phone: ____ In-person (office): ____