



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 (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): _____

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 & 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 Wednesday 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