CITY COLLEGES of CHICAGO
Kennedy-King

CHICAGO DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE MANAGER CERTIFICATE APPLICATION

CHICAGO DEPARTMENT OF PUBLIC HEALTH
FOOD PROTECTION DIVISION
FOOD SERVICE SANITATION MANAGER PROGRAM
Phone: (773) 602-5490
Office Location: 6343 S Halsted W142

If you need a receipt, please include a self-addressed stamped envelope.

MAILING ADDRESS:
Kennedy-King
Food Service Sanitation Program
6301 South Halsted, W Building
Chicago, IL 60621-3979

****Please Print Clearly in Black or Blue Ink or Type*****

First Name:	Last Name:	
Last 4 digits Social Security #:		Date:
Home Address:		Apt#:
City;	State:	Zip Code:
Daytime Phone #:	Email:	

☐ **NEW/RECIPROCITY REQUEST - PLEASE PROVIDE THE FOLLOWING ITEMS:**

☐ Completed Training Hours' Verification form for an approved certified food protection manager course.
(*Instructor led course conducted by approved City of Chicago Instructor provide Instructor completed Hours of Training Verification form. Online training courses provide proof of course completion from an approved on-line training provider, for example: record or certificate of training.)*

☐ Valid National Food Protection Manager Certificate from ANSI accredited Testing Agency

☐ Copy of valid Picture ID (Driver's license, state ID, passport or other government issued ID)

☐ $52.00 Fee Cash or Money Order payable to Kennedy-King College (**If applying by mail a $52.00 Money Order payable to Kennedy-King College is needed.)**

*****To avoid delays in processing your application, please ensure that your name is spelled consistently across all submitted documents. This includes: First and last name on the application form, training certificates or forms and identification documents.*****

☐ **DUPLICATE REQUEST ONLY (*reprint of valid City of Chicago certificate*) - PLEASE PROVIDE THE FOLLOWING ITEMS:**

☐ Copy of valid Picture ID (Driver's license or state ID, passport or other government issued ID)

☐ $52.00 Fee Cash or Money Order payable to Kennedy-King College **(If applying by mail a $52.00 Money Order payable to Kennedy-King College is needed.)**

☐ **City of Chicago CDPH Certificate #_____Exam Date: _____Expiration Date: _____**

PLEASE ENSURE YOU PROVIDE ALL THE REQUESTED ITEMS LISTED ABOVE OR YOUR APPLICATION WILL BE RETURNED AND NOT PROCESSED.

Name of Training Provider: **Name of Instructor/Proctor:**

Location of Exam (State): **Type of Training (Check One): Instructor Led Class** ☐ **or On-Line** ☐

Applicant Signature: Office Use Only Receipt Number:

AFTER THE APPLICATION IS APPROVED BY THE FOOD SERVICE SANITATION STAFF - PAY THE CASHIER AT THE BUSINESS OFFICE LOCATED ON THE 1ST FLOOR. RETURN TO THE FOOD SERVICE SANITATION OFFICE WITH THE APPLICATION AND RECEIPTS FROM THE CASHIIER.

Original Copy FSSP, Yellow Copy Business Office, Pink Copy Applicant

*******Allow 4-6 Weeks for Processing ******