

**Sangamon County Department of Public Health
8 Hour Certified Food Manager Certification
2024 Course Enrollment Form**

**Phone Number: 217-535-3145
General E-mail: envhealth@sangamonil.gov**



Course Dates: (\$125 - includes ServSafe book and class material):

A) March 18 & 19

C) October 22 & 23

B) May 29 & 30

Time: 8:30 a.m. – 4:00 p.m. each day (Class size is limited to 25 people)

Location: SCDPH, 2833 South Grand Ave. E., Springfield, IL 62703

Course Prep: Please visit 2833 South Grand Avenue East (SCDPH) to pick-up your course book prior to class.

Practice tests are available by accessing the following link: www.hospitalitytrainingcenter.com/ServSafe/manager/test

Course Day: Present a valid picture ID, pre-payment, and pre-registration (this form)

Attendance is mandatory for both days of the course.

RETESTING DATES

You may opt to test on the second day of class or by calling SCDPH to schedule the exam. Retesting will be offered at 1:30pm on March 19th, May 30th, or October 23rd. Or, you may call (217) 535-3145 to schedule an exam at any time. SCDPH needs at least ten business days to order the exam.

\$38 - previously attended SCDPH course

\$55 – approved course taken through organization other than SCDPH (proof of course completion required)

Special Accommodations Form- A pre-approval of the Special Accommodations Form is required in-order to test with accommodations. In-order to allow time for processing, the Special Accommodations Form should be acquired **at least 30 days before your test date**. The Special Accommodations Form may be acquired through contact with the SCDPH Food Program Supervisor (217) 535-3145 or by searching for ‘Special Accommodation’ on www.Servsafe.Com.

Special Accommodations include the need for: a translator; extended test time; a scribe; and any other approved disability. A pre-approval form will need to be completed by the tester and submitted for approval by the National Restaurant Association prior to testing.

The National Restaurant Association provides reasonable accommodations to individuals with disabilities following procedures that are consistent with the Americans with Disabilities Act, Uniform Guidelines on Employee Selection Procedures and the Standards for Education and Psychological Testing.

Remove this page, complete and mail it (along with fee) to:

Sangamon County Department of Public Health
Attention: Food Safety Program
2833 South Grand Avenue East
Springfield, IL 62703
envhealth@sangamonil.gov

Name: _____

Home Address: _____

Phone: _____ Food Establishment: _____

Email Address: _____

Course Date ____ (\$125):

A) March 18 & 19

B) May 29 & 30

C) October 22 & 23

Book was picked up (Office Use only) Date: _____

Retest is at 1:30pm on the second day of the course.

____ \$38 Re-test (course previously take with SCDPH)

____ \$55 Test/re-test (other instructor)

Additional Test Languages: Circle a selection if you desire a test in a specific language. The default is English.

A) English Large Print

D) French

B) Spanish

E) Japanese

C) Chinese

F) Korean

Accommodations:

Please attach the approval letter from National Restaurant Association to this form.

All fees are non-refundable. Make checks payable to SCDPH. In the event a cancellation is unavoidable, please contact our office utilizing the contact information provided above.

Signature: _____ Date: _____