



## Manager Certification in Food Protection Confirmation of Class Instruction

Name of Student: \_\_\_\_\_

Name of Course Completed: \_\_\_\_\_

Date(s) the Course was Administered: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Instructor ID Number (Assigned by Course Developer): \_\_\_\_\_

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

By signing this form, you confirm that the student listed above attended the entire course on the date(s) above.

Please submit this form along with a detailed agenda indicating the topics to be covered and duration of each topic to [foodsafety@odh.ohio.gov](mailto:foodsafety@odh.ohio.gov). Forms that are incomplete or do not include a detailed agenda will not be accepted.