



**Application for Approval as a Provider
of Ohio Manager Certification in Food Protection**

Submit the completed application and all requested material to: Ohio Department of Health
BEHRP Food Safety Program
246 N. High St.
Columbus, Ohio 43215
E-mail: foodsafety@odh.ohio.gov

Name of Provider:		Contact Name:	
Street Address			
City	State	Zip	County
Phone:	E-mail Address:		
Are you a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, proof of service/veteran status must be attached.</i>	

For further information, refer to the "[Guidelines to the Ohio Department of Health's Certification in Food Protection](#)" on the ODH website or contact the Food Safety Program at (614) 644-7416.

Failure to provide all required information may result in denial of the request.

Requesting approval to:

(check all that apply)

☐ Teach Approved Course

☐ Proctor Exam

1. Name of course:

Note: if teaching a course, a detailed agenda indicating the topics to be covered and duration of each must be attached.

2. Describe methods of training to be used (e.g. online course, PowerPoint presentation, guest speakers, interactive computer programs, video instructional videos, etc.)

3. Provide the name of all instructors and/or proctors that will be working under the provider approval. Instructors must also provide qualifications (including applicable years of experience) and documentation of approval from the course developer.

4. Provide the name of the examination to be used:

I hereby certify that the information provided is correct to the best of my knowledge.

Signature	Title	Date
-----------	-------	------

For Ohio Department of Health use only:

Action Taken:	Date:
---------------	-------

ODH Food Safety Program • (614) 644-7416 • foodsafety@odh.ohio.gov