



Ohio Department of Health  
Application for Approval of a Level One  
**Certification in Food Protection Course Materials**

Name of Course:		Developer of Course Materials (Individual or Organization):	
Address/city/state/zip:			
Phone:	Fax:	E-mail:	
Contact name:		Website (if applicable)	
Are you a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran (Proof of service member/veteran status must be attached)?			
Yes		No	

The following information must be submitted with this application to be considered for approval.

1. Course materials. This would include student manuals, instructor notebooks, written or verbal exercise and handouts. The material must include the following as it relates to foodborne illness risk factors:
  - a. Food sources
  - b. Personal hygiene and handwashing
  - c. Cross contamination
  - d. Cleaning/sanitizing of equipment and utensils
  - e. Proper cooking, cooling, and holding of food
2. Method(s) of training to be used for the program.
3. Number of hours for the training.
4. Qualifications for instructor.

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

Signature	Title	Date
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**Submit this application and required material to the:**

Ohio Department of Health  
Bureau of Environmental Health and Radiation Protection  
Food Safety Program  
246 N. High Street Columbus, Ohio 43215

**For questions call:  
or e-mail**

614-644-7416  
beh@odh.ohio.gov

**Ohio Department of Health to complete below**

Action taken	Date
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