



**Application to Conduct a Level Two Certification in Food Protection Course**

Authority 3717.09 ORC; 3701-21-25 OAC

The completed application and all requested material is to be sent to:  
Ohio Department of Health  
Bureau of Environmental Health and Radiation Protection, Food Safety Program  
246 N. High St., Columbus, Ohio 43215.

E-mail: [beh@odh.ohio.gov](mailto:beh@odh.ohio.gov) Fax: 614-466-4556

Name of Course Provider			
Street Address			City
County	State:	Zip:	phone:
Name of Contact Person			phone:
Fax		E-mail address	
<b>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)?</b>			
<b>Yes</b>		<b>No</b>	

For further information refer to the "Guidelines to the Ohio Department of Health's Certification in Food Protection" at our website at <http://www.odh.ohio.gov/odhprograms/eh/foods/cert/cert.aspx> or contact the Food Safety Program at 614-644-7416. Failure to supply all the information will deny the request.

1. Provide the name of the course and the total contact hours:
2. Describe any methods of training to be used such as guest speakers, interactive computer programming, interactive video, or distance learning:
3. Provide the name, qualifications (including years of service) and a copy of the certificate from the course to be taught for all instructors:
4. Provide a copy of all course materials, including student manuals, instructor notebooks, and handouts (only if the course does not have prior approval).
5. Provide the name of the examination to be used:
6. Provide an example of the certificate issued to individual who attends the course and pass the examination (only if the course does not have prior approval).

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

Signature	Title	Date
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**Ohio Department of Health to complete below**

Action taken	Date
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