

CFPM Initial Application

CERTIFIED FOOD PROTECTION MANAGER (CFPM)

Applicant information

Name _____
Last First Full middle nameMailing address _____
Street Apt. (if applicable)

City State ZIP County

Social security number * _____

* Required under Minnesota Statutes, section 270C.72, subdivision 4

Contact phone _____

Applicant email _____

Preferred method to receive renewal notifications

☐ Mailing address ☐ Applicant email

Employment information

Fill this in only if you work at a licensed establishment

Establishment name _____ License number (if known) _____

Establishment address _____
Street City State ZIP County

Work phone number _____

Type of establishment

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Grocery store | <input type="checkbox"/> Convenience store |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Restaurant/fast food | <input type="checkbox"/> Camps |
| <input type="checkbox"/> Catering | <input type="checkbox"/> School | <input type="checkbox"/> Hotel/motel |
| <input type="checkbox"/> Day care | <input type="checkbox"/> Specialty food market | <input type="checkbox"/> Other _____ |

Approved exams

The applicant for initial certification as a CFPM shall complete a training course and pass an approved examination. The examination cannot be older than 6 months at the time of application. If the exam certificate is older than 6 months old, the applicant shall retake the initial course and pass the exam again before certification can be granted.

If you no longer have the exam certificate, first try to get a copy of the certificate or other proof of having passed the exam from the organization, company or school that conducted the course of the exam you took. If that does not work, contact the organization that provided the exam.

Applicants for initial certification must provide proof they have passed an exam from an organization accredited by the [ANSI-CFP Accreditation Program](#).

Individuals applying for CFPM in the State of Minnesota

The commissioner of health will use information provided in this application to determine if you meet the requirements for certification. Submitting false information is grounds for denying your application or suspending, revoking or taking other disciplinary action against your certificate, if issued. Failure to provide required information may delay the processing of your application and may be grounds for denying your application.

For information on licensing data see Minnesota Statutes, section 13.41.

Submit application

Before mailing, be sure to include the following

1. Completed and signed application form
2. Copy of your exam certificate
3. Check or money order (do not send cash) made payable to MDH for \$35

Mail to

Minnesota Department of Health
 Certified Food Protection Manager
 Food, Pools, and Lodging Services Section
 PO Box 64495
 St. Paul, MN 55164-0495

Incomplete applications will be returned to the applicant.

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check as in Minnesota Statutes, section 604.113, subd.2 (a). Additional civil penalties may be imposed for non-payment.

I certify that the information provided and submitted on this application is accurate and complete.

Signature _____ Date _____

Resources

Initial Minnesota CFPM

(<https://www.health.state.mn.us/communities/environment/food/cfpm/howto.html>)

ANSI-CFP Accreditation Program

(<https://www.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>)

Minnesota Department of Health
 Food, Pools, and Lodging Services Section
 651-201-4500
health.foodlodging@state.mn.us
www.health.state.mn.us

November 2019

*To obtain this information in a different format,
 call: 651-201-4500.*