

Certified Food Manager Course



The Certified Food Manager Course and exam—**accredited** by National Registry of Food Professionals—helps food business managers understand food sanitation and Washington Food Code (RCW 246-215). Upon completion, participants receive a 5-year Food Safety Manager Certificate from the National Registry of Food Safety Professionals and a 5-year Washington Food Worker Card.

Course topics:

- Who is the Person in Charge (PIC)?
- Demonstration of knowledge by the PIC.
- Microbiology basics.
- Prevention of foodborne illness.
- Hygiene and sanitation practices.
- Hazard Analysis Critical Control Point (HACCP) principles.
- Time and temperature relationships.
- How to conduct the Self-Inspection Program (SIP).

Dates

To become certified, you must attend 1 session, stay for the entire class and pass the final exam.

April 24, 2019	July 31, 2019	October 23, 2019
8 a.m.–6 p.m.	8 a.m.–6 p.m.	8 a.m.–6 p.m.

Registration

Complete the application on the back of this page. Submit with payment to Tacoma-Pierce County Health Department. Application and payment must be received before the class date. Register as early as possible to secure a spot.

Cost

\$192 (non-refundable)

Location

Classes are held in the auditorium at Tacoma-Pierce County Health Department, 3629 S. D St., Tacoma, WA 98418. Parking is available in our parking lot and on adjacent streets. Do not park in the Sound View Medical Building parking lot—you will be towed.

Materials

Pick up course materials from the Health Department 2 weeks before class. Study the materials and bring them with you.

Questions

Contact Amanda Peters at apeters@tpchd.org or (253) 798-7677 or Carolyn Bassett at cbassett@tpchd.org or (253) 798-4526 for help.

Information submitted is subject to Public Records Act, Chapter 42.56 RCW

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FOR OFFICE USE ONLY

Preferred Test Language

- English Spanish French Arabic Japanese Vietnamese
 Korean Traditional Chinese Modern Chinese

Applicant

Name _____

Job Title _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Birthdate _____

Email _____

Business

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Session

If your session is cancelled for any reason, we will notify you and transfer your registration to the next session.

- April 24, 2019 July 31, 2019 October 23, 2019
8 a.m.–6 p.m. 8 a.m.–6 p.m. 8 a.m.–6 p.m.

Payment

Application and payment must be received before the class date. Enclose \$192 check payable to:

Tacoma-Pierce County Health Department
3629 South D Street, MS 1059
Tacoma, WA 98418

Questions

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