



CITY COLLEGES of CHICAGO  
**Kennedy-King**

**CHICAGO DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE  
MANAGER CERTIFICATE APPLICATION**

**CHICAGO DEPARTMENT OF PUBLIC HEALTH  
FOOD PROTECTION DIVISION  
FOOD SERVICE SANITATION MANAGER  
PROGRAM**

**Phone: (773) 602-5490**

*If you require a receipt please include  
a self-addressed & stamped envelope.*

**MAILING ADDRESS:**  
Kennedy-King College  
Food Service Sanitation Program  
6301 South Halsted  
W Building  
Chicago, IL 60621-3979

\*\*\*\*Please Print Clearly or Type\*\*\*\*

First Name:	Last Name:
Last 4 digits Social Security #:	Date:
Home Address:	Apt#:
City:	State: Zip Code:
Daytime Phone #:	Email:

- NEW/RECIPROCITY REQUEST - PLEASE PROVIDE THE FOLLOWING REQUIRED PRINTED ITEMS:**
- Completed Training Hours' Verification Form (Instructor led course must be conducted by approved City of Chicago Instructor verified with completed hours of training verification form. On-line training course needs training hours' form completed by proctor or proof of completion from an approved on-line training course.)
  - Valid National Food Protection Manager Certificate from ANSI accredited Testing Agency\*
  - Valid Picture ID (Driver's license, state ID, passport or other government issued ID)
  - \$52.00 Cash or Money Order payable to Kennedy-King College (Checks and Credit Cards are NOT accepted.)  
If applying by mail a \$52.00 Money Order payable to Kennedy-King College is required.
- \*Approved testing agencies: ServSafe, Prometric, National Registry for Food Safety Professionals, 360 Training, Above Training/State Food Safety, The Always Food Safe Company or valid Illinois FSSMC

- DUPLICATE REQUEST - PLEASE PROVIDE THE FOLLOWING ITEMS:**
- Valid Picture ID (Driver's license or state ID, passport or other government issued ID)
  - \$52.00 Cash or Money Order payable to Kennedy-King College (Checks and Credit Cards are NOT accepted.)  
If applying by mail a \$52.00 Money Order payable to Kennedy-King College is required.
  - CDPH** Certificate # \_\_\_\_\_ Exam Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**PLEASE ENSURE THAT YOU PROVIDE ALL REQUESTED ITEMS LISTED ABOVE OR YOUR APPLICATION WILL BE RETURNED AND NOT PROCESSED.**

Training Provider:	Instructor/Proctor:
Location of Exam (State):	Type of Training (Check One): Instructor Led Class <input type="checkbox"/> or On-Line <input type="checkbox"/>
Applicant Signature:	Office Use Only Receipt Number:

**AFTER APPLICATION IS APPROVED BY THE FOOD SERVICE SANITATION STAFF - PAY THE CASHIER AT THE BUSINESS OFFICE LOCATED ON THE 1<sup>ST</sup> FLOOR. RETURN TO THE FOOD SERVICE SANITATION OFFICE WITH THE APPLICATION AND RECEIPTS FROM THE CASHIER.**

**Original Copy FSSP, Yellow Copy Business Office, Pink Copy Applicant**

**\*\*\*\*\*Allow 4 – 6 Weeks for Processing \*\*\*\*\***