



2010 Certified Professional Food Manager Class

When: February 16, March 23, April 20, June 15, September 21, and October 19

Where: Kalamazoo County Health & Community Services Department

Time: 8:00 am – 5:00 pm

Cost: \$180 Per person - non refundable & price subject to change

Class Description: Certified Professional Food Manager (CPFM) class is a one-day comprehensive 8-hour study course designed to prepare food facility managers to take the Certified Food Safety Manager Examination. Topics include: food safety and foodborne illness, food safety hazards, employee health and personal hygiene, safe food handling, equipment and facilities, and HACCP. The exam is given immediately following course instruction. Class instructors are Certified Trainers that work as food safety auditors in Kalamazoo County. Call 373-5218 for more information.

Persons attending the class will receive: the Professional Food Manager Certification Training manual, information on managing food safety in your facility, sample forms that can be used to monitor, document and demonstrate proper and safe food handling practices, and a digital food thermometer. Persons who attend the class and pass the CPFM exam will receive Professional Food Manger Certification, a nationally recognized credential for food service managers.

2010 Class & Exam Schedule: February 16, March 23, April 20, June 15, September 21, and October 19. Classes start at 8:00 am. and end by 5:00 pm. Lunch is on your own. Registration and payment is required prior to class.

Location: Classes are held at the Kalamazoo County Health & Community Services Department building, located at 3299 Gull Road.

Registration Form for Certified Professional Food Manager Class & Exam

To register: print this page, fill out needed information and send along with class payment to address noted at the bottom of this form.

Date of class: _____

Name of person(s) attending: _____

Name of Restaurant or food service facility: _____

Street address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email address: _____

Payment included: \$180. X number of attendees: \$_____ (payment is non refundable)
 Payment must be received by class registration deadline

Send to: Kalamazoo County Health & Community Services, Environmental Health, 3299 Gull Road, P.O. Box 42, Nazareth, MI 49074-0042. Call 373-5218 for information.