

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF PUBLIC HEALTH

Office of Public Health
PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

Certified Food Safety Managers Reciprocity Application 2022

Montgomery County Public Health Code requires that each licensed facility employ at least one full-time Certified Food Safety Manager (CFSM). After successful completion of an Office of Public Health's (OPH) approved food safety and sanitation proctored exam, you must submit a complete Reciprocity Application to receive the required issued certificate. The OPH certificate must be posted in view of the public, at the facility at which you are currently employed.

Please note that only approved proctored exams taken within the last five years will be considered for reciprocity. Approved courses include:

- National Restaurant Association (ServSafe)
- National Registry of Food Safety Professionals
- 360training.com
- StateFoodSafety (*certificates must have the ANSI/CFP logo and NOT be specific to an individual state program*)
- Always Food Safe Company, LLC
- AAA Food Handler

Complete the application on page two and include the following documentation with your application or it will NOT be processed:

- A photocopy of the certificate received from the OPH approved certification course which shows the date received and/or date of expiration.
- Non-refundable Application fee of **\$75.00**, either check or money order payable to "Treasurer of Montgomery County". DO NOT SEND CASH.

OPH fee schedule is on www.montcopa.org/healthfeeschedule

Mail your completed application, non-refundable fee of **\$75.00** and documentation to the OPH location closest to where you are employed – Norristown, Pottstown or Willow Grove.

***** Please complete page 2 of this application *****

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***** PLEASE COMPLETE THE FOLLOWING INFORMATION*****

Personal Information	Name: _____ Address: _____ Telephone: _____	First _____ Last _____ Mailing Address _____ City _____ State _____ Zip Code _____ E-mail: _____
Full-Time Employer Information	Facility's Name: _____ Address: _____ Telephone: _____	Mailing Address _____ City _____ State _____ Zip Code _____
Approved Proctored Exam	Check <input checked="" type="checkbox"/>	<input type="checkbox"/> National Restaurant Association (ServSafe) <input type="checkbox"/> National Registry of Food Safety Professionals <input type="checkbox"/> 360training.com <input type="checkbox"/> StateFoodSafety <input type="checkbox"/> Always Food Safe Company, LLC <input type="checkbox"/> AAA Food Handler Date of exam ____ / ____ / ____

I, _____, hereby certify that the facts set forth on this application are true and correct. I understand that the submission of false or misleading information is grounds for suspension or revocation of said certificate. I also understand that if my application is denied for any reason and I must re-submit my application, I must submit an additional fee in the form of a check or money order.

 Signature of Applicant

 Date of Signature

FOR OFFICIAL USE ONLY:

NEW OPH Certificate Expiration Date: ____/____/____ **CFSM Certificate #:** ____-____-____

Full-time employer information - License # _____ **Municipality:** _____

Payment: Check Money Order Cashier's Check **Check #:** ____ **Fee Paid:** ____ **Date:** ____ **Received by:** ____

APPROVAL - Supervisor: _____ **Date:** _____