



DEPARTMENT OF HEALTH
MONTGOMERY COUNTY HUMAN SERVICES CENTER
 1430 DeKALB STREET
 P.O. BOX 311
 NORRISTOWN, PENNSYLVANIA 19404-0311

COMMISSIONERS
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Certified Foodservice Sanitation Managers Reciprocity Application

Montgomery County Public Health Code, Section 4-9a, requires that each licensed facility employ at least one full-time Certified Food Sanitation Manager (CFSM). After successful completion of a Montgomery County Health Department (MCHD) approved 15 hour food safety and sanitation course, or completion of an MCHD approved 6 hour re-certification course, you must submit a complete Reciprocity Application in order to receive the required issued certificate. The MCHD certificate must be posted in view of the public, at the facility at which you are currently employed.

Please note that only courses taken within the last three years will be considered for reciprocity. Complete the application on the back side of this sheet and include **ALL** of the following documentation with your application or it will not be processed:

Please check which of the following scenarios applies to you.

If this is the first time that you are applying for an MCHD CFSM Certificate and have successfully completed an MCHD approved course please include:

- A photocopy of the certificate received from the MCHD approved certification course which shows the date received and/or date of expiration.
- If the completed certification course is not MCHD approved, information regarding the course provider including: contact person's name, address of course provider, a copy of course syllabus including in-class hours, subject matter, and the exam that is given.
- An original 2"x 2" color photograph of yourself. (To be included on the certificate.)
- Non-refundable Application fee of \$30.00. Check or money order payable to "Treasurer of Montgomery County".

If you have successfully completed an MCHD approved re-certification course and need to renew your MCHD CFSM Certificate please include:

- A photocopy of a letter or certificate from the MCHD approved course provider confirming your completion of an MCHD approved re-certification course.
- A photocopy of your most current, valid MCHD CFSM Certificate.
- An original 2"x2" color photograph of yourself. (To be included on the certificate.)
- Non-refundable Application fee of \$30.00. Check or money order payable to "Treasurer of Montgomery County".

*** Please complete the application on the reverse side of this page. *** Rev.01/05

NORRISTOWN HEALTH CENTER
 1430 DEKALB STREET, PO BOX 311
 NORRISTOWN, PA 19404-0311
 PHONE: (610) 278-5145 FAX: (610) 278-5166

POTTSTOWN HEALTH CENTER
 364 KING STREET
 POTTSTOWN, PA 19464
 PHONE: (610) 970-5040 FAX: (610) 970-5048

EASTERN COURT HOUSE ANNEX
 102 YORK ROAD, SUITE 401
 WILLOW GROVE, PA 19090
 PHONE: (215) 784-5415 FAX: (215) 784-5524

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

***Note: If you have completed a re-certification course within 3 years of obtaining your certification course certificate, you must submit course provider information and proof of completion for each course provider.**

Personal Information	Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last First </div> Address: _____ <div style="display: flex; justify-content: center; width: 80%; margin: 0 auto;">Mailing Address</div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City State Zip Code </div> Telephone: _____
Full-Time Employer Information	Name: _____ Address: _____ <div style="display: flex; justify-content: center; width: 80%; margin: 0 auto;">Mailing Address</div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City State Zip Code </div> Telephone: _____
Certification Course Provider Information <i>(Do not write course, e.g. Serv-Safe)</i>	Company Name: _____ Company Address: _____ <div style="display: flex; justify-content: center; width: 80%; margin: 0 auto;">Mailing Address</div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City State Zip Code </div> Telephone: _____ Name of Instructor: _____
Re-certification Course Provider Information <i>(If Applicable)</i>	Company Name: _____ Company Address: _____ <div style="display: flex; justify-content: center; width: 80%; margin: 0 auto;">Mailing Address</div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> City State Zip Code </div> Telephone: _____ Name of Instructor: _____

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 \$30.00 check or money order.

Signature of Applicant

Date of Signature

Please return your completed application, non-refundable fee and documentation to:

Attention: _____
 Department of Health
 Montgomery County Human Services Center
 1430 DeKalb Street
 Norristown, PA 19404

FOR OFFICIAL USE ONLY:

Approved: Yes ___ No ___ Exp. Date: _____

EHS: _____ Date: _____