

ODH Food Safety Training Certificate Request Form

Full Name _____

Phone Number _____

Email Address (required) _____

Date that Class was Completed _____

Was CCBH the Trainer for this Class? Yes No

Reason for Request: I never received a certificate I lost my certificate

*Please attach an electronic version (word, pdf, etc.) of this form to your email and submit it to:
ahenderson@ccbh.net.*

*If submitting your request by regular mail, please send it to: Cuyahoga County Board of Health
Attn: Angela Henderson*

5550 Venture Dr.

Parma, OH 44130

Please allow 2 weeks for processing.