

CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

**ServSafe® 2019**

**On –Line Exam & Retest Application**

Our office offers the Servsafe 6<sup>th</sup> edition exam for those completing the **online course** and also for those not successfully passing the exam or looking to **re-certify**. Complete this application and submit it along with the required fee. The \$65.00 fee includes a review of materials before the test. All exams are administered at our office.

**Mail application and fee to:** Cuyahoga County Board of Health  
5550 Venture Drive, Parma, OH 44130

**(For Directions contact our office at (216)-201-2001 & press 2 or [www.ccbh.net](http://www.ccbh.net))**

**Choose an exam date:**

- |   |                 |
|---|-----------------|
| <input type="radio"/> (Thursday) January 31   | 1:00pm - 3:00pm |
| <input type="radio"/> (Thursday) March 28     | 1:00pm - 3:00pm |
| <input type="radio"/> (Monday) May 20         | 1:00pm - 3:00pm |
| <input type="radio"/> (Thursday) July 25      | 1:00pm - 3:00pm |
| <input type="radio"/> (Thursday) September 26 | 1:00pm - 3:00pm |
| <input type="radio"/> (Thursday) October 24   | 1:00pm - 3:00pm |
| <input type="radio"/> (Thursday) November 21  | 1:00pm - 3:00pm |

**The class fee is non-refundable.** If we do not have a minimum of 20 students scheduled for a class (by the Friday prior to the first session) the class will be cancelled and pre-paid students will be placed in the next scheduled class. Class confirmations are sent via email. **Please arrive 30 minutes early to allow time for registration. A Photo I.D. is required for registration to take exam.**

------(Cut here and retain the top portion for your records)-----

**ServSafe® 2019**

**Complete all information below and mail this portion of the application with your check or money order.**

Please check the box if you need the **test booklet** in a language other than English.

Spanish     Chinese     Korean     Japanese     French Canadian     Large Print

**Student's Name:** \_\_\_\_\_ **Facility Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ \*Email Address: **(Required)** \_\_\_\_\_

Print the class date you will attend (Month/Days) \_\_\_\_\_