

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 to:
nkracker@ccbh.net*

*If submitting your request by regular mail, please send it to: CCBH
Attn: Natalie Kracker
5550 Venture Dr.
Parma, OH 44130*

***Please allow 2 weeks for processing*

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