

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

ServSafe® 2019

On –Line Exam & Retest Application

Our office offers the Servsafe 7th 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)

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) August 29 | 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)-----

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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) _____