

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

**ServSafe® 2020**  
**On-Line Exam & Retest Application**

The Cuyahoga County Board of Health offers the ServSafe 7<sup>th</sup> edition exam for those completing the **online course** and also for those not successfully passing the exam or looking to renew your ServSafe certification. Complete this application and submit it along with the required fee of **\$65.00**. This fee includes a review of materials prior to the test.

**Please mail the application and fee to:**

**Cuyahoga County Board of Health**  
**5550 Venture Drive**  
**Parma, OH 44130**

**The Exam will be offered at our office. For directions to the Cuyahoga County Board of Health, please contact our office at (216)201-2001 & press 9 or visit us on the web at [www.ccbh.net](http://www.ccbh.net).**

**Choose an exam date:**

- |              |              |                   |
|--------------|--------------|-------------------|
| ▪ (Thursday) | January 23   | 1:00 pm - 3:00 pm |
| ▪ (Thursday) | April 30     | 1:00 pm - 3:00 pm |
| ▪ (Monday)   | May 18       | 1:00 pm - 3:00 pm |
| ▪ (Monday)   | June 29      | 1:00 pm - 3:00 pm |
| ▪ (Thursday) | July 23      | 1:00 pm - 3:00 pm |
| ▪ (Thursday) | September 24 | 1:00 pm - 3:00 pm |
| ▪ (Thursday) | October 22   | 1:00 pm - 3:00 pm |
| ▪ (Thursday) | November 19  | 1:00 pm - 3:00 pm |

**The exam fee is non-refundable.** If we do not have a minimum of 20 students scheduled for a class, any pre-paid students will be placed into the next scheduled exam date. Exam confirmations are sent via email. **Please arrive 30 minutes early to allow time for registration. A Photo I.D is required to register for the exam.**

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

**Select type of test:**

Please check the box below if you need the examination booklet in a language other than English or in a large print format.

- Spanish     Chinese     Korean     Japanese     French Canadian     Large Print

On-line applicant  **(include Record of Training)**    or    \* Re-Test / Re-Certification

\*Original Exam Date    \_\_\_\_/\_\_\_\_/\_\_\_\_    \*Course Number \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

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

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

Identify the exam date you would like to attend (Month/Day) \_\_\_\_\_