

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

ServSafe® 2022
On-Line Exam & Retest Application

The Cuyahoga County Board of Health offers the ServSafe 7th 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. Covid guidelines will be in place- facial mask required and social distance. 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.

Choose an exam date:

- | | | |
|--------------|----------------|-------------------|
| ▪ (Thursday) | January 20 | 1:00 pm - 3:00 pm |
| ▪ (Monday) | April 25 | 1:00 pm - 3:00 pm |
| ▪ (Monday) | May 23 | 1:00 pm - 3:00 pm |
| ▪ (Monday) | June 27 | 1:00 pm - 3:00 pm |
| ▪ (Monday) | July 25 | 1:00 pm - 3:00 pm |
| ▪ (Thursday) | September 29 | 1:00 pm - 3:00 pm |
| ▪ (Monday) | November 21 | 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)**-----

ServSafe® 2022 Food Safety Training offered at CCBH

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

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 Proof 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) _____

Print which exam date you would like to attend (Month/Day) _____