

ServSafe® Food Protection Manager Certification

Retest Exam

REGISTRATION

Office Use Only

Date _____
Payment type _____
Amount _____
Book received _____

Sponsor/Location: Columbus Department of Public Health
5601 Veterans Parkway, Columbus, Georgia 31909
(CHD Classroom)

Date: **Thursday, May 19, 2022**

Exam Time: **9:00 AM**

Arrive by 8:45 AM

Price: **\$50.00** (Non-refundable)

NOTE: This registration is for Retesting of the ServSafe® Food Protection Manager Certification Exam due to not passing the exam upon a prior attempt. Not passing the ServSafe® Food Protection Manager Certification Exam is the ONLY legitimate reason to Retest.

The National Restaurant Association allows an examinee to take the ServSafe® Food Protection Manager Exam twice within a 30-day period, if necessary. If three or more attempts are required, the examinee must wait at least 60 days from their last attempt. No more than four attempts are allowed in a 12-month period.

If the Examinee does NOT meet the requirements for Retesting (stated above), the Examinee will NOT be able to retest.

The current ServSafe® Manager Text Book is available for purchase at the Columbus Department of Public Health - Environmental Health office for an additional \$75. **The Course Text Book is available in English.**

ServSafe® is a registered trademark of the National Restaurant Association Educational Foundation, and used under license by National Restaurant Association Solutions, LLC.

To register for the ServSafe® Food Protection Manager Retest Exam, please complete and submit this registration form, proof of prior exam and fee payment to the Columbus Department of Public Health.

Date of Retest: Thursday, May 19, 2022 **Arrive by 8:45 AM. Exam BEGINS at 9:00 AM**

Last Attempted ServSafe® Examination (Date): _____

TO DETERMINE ELIGIBILITY TO RETEST -- THE EXAM DATE WILL BE VERIFIED WITH OFFICE RECORDS AND WITH SERVSAFE®

Examinee's Name: _____

Facility Represented: _____

Facility Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Exam Language (circle one): English Spanish Chinese Korean Japanese French Canadian

Signature: _____

****Forms of accepted payment include cash, check, money order, Visa, or Mastercard.**

Mail To: Columbus Health Department
P.O. Box 2299
Columbus, GA 31902

NOTE: Early registration is recommended due to limited space. Examinee is enrolled to take the retest when payment is received. Each registration is valid for only 12 months from date of registration. At the end of the 12 months, if the registrant has not yet taken the exam, they must re-register and re-pay the entire amount. There are NO refunds. Dates of Retest are subject to change. Examinee will be contacted in advance if date is changed. If you have any questions regarding this program, please call (706) 321-6170, or fax (706) 321-6237.