



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

Certified Foodservice Sanitation Managers Reciprocity Application

Montgomery County Public Health Code, Section 4-6, requires that each licensed facility employ at least one full-time Certified Foodservice Sanitation Manager (CFSM). After successful completion of a Montgomery County Health Department (MCHD) approved hour food safety and sanitation course, or completion of an MCHD approved 6 hour re-certification course, you must submit a complete Reciprocity Application in order to receive the required issued certificate. The MCHD certificate must be posted in view of the public, at the facility at which you are currently employed.

Please note that only courses taken within the last three years will be considered for reciprocity. Complete the application on the back side of this sheet and include **ALL** of the following documentation with your application or it will not be processed:

Please check ☒ which of the following scenarios applies to you.

☐ **If this is the first time that you are applying for an MCHD CFSM Certificate and have successfully completed an MCHD approved course please include:**

- A photocopy of the certificate received from the MCHD approved certification course which shows the date received and/or date of expiration.
- If the completed certification course is not MCHD approved, information regarding the course provider including: contact person's name, address of course provider, a copy of course syllabus including in-class hours, subject matter, and the exam that is given.
- An original 2"x 2" color photograph of yourself. (To be included on the certificate.)
- Non-refundable Application fee of \$30.00. Check or money order payable to "Treasurer of Montgomery County".

☐ **If you have successfully completed an MCHD approved re-certification course and need to renew your MCHD CFSM Certificate please include:**

- A photocopy of a letter or certificate from the MCHD approved course provider confirming your completion of an MCHD approved re-certification course.
- A photocopy of your most current, valid MCHD CFSM Certificate.
- An original 2"x2" color photograph of yourself. (To be included on the certificate.)
- Non-refundable Application fee of \$30.00. Check or money order payable to "Treasurer of Montgomery County".

*** Please complete the application on the reverse side of this page. *** Rev.04/08

***** PLEASE COMPLETE THE FOLLOWING INFORMATION*****

***Note: If you have completed a re-certification course within 3 years of obtaining your certification course certificate, you must submit course provider information and proof of completion for each course provider.**

Personal Information	Name:	<div>First</div> <div>Last</div>		
	Address:	Mailing Address		
		City	State	Zip Code
		Telephone:		
Full-Time Employer Information	Facility's Name:			
	Address:	Mailing Address		
		City	State	Zip Code
		Telephone:		
Course Provider Information <i>(Do not write course, e.g. Serv-Safe)</i>	Company Name:			
	Company Address:	Mailing Address		
		City	State	Zip Code
		Telephone:	Name of Instructor:	

I, _____, hereby certify that the facts set forth on this application are true and correct. I understand that the submission of false or misleading information is grounds for suspension or revocation of said certificate. I also understand that if my application is denied for any reason and I must re-submit my application, I must submit an additional \$30.00 check or money order.

Signature of Applicant

Date of Signature

Please return your completed application, non-refundable fee and documentation to:

Attention: CFSM Coordinator

Department of Health (Address on page 1)

☐ Norristown ☐ Pottstown ☐ Willow Grove

FOR OFFICIAL USE ONLY:		
<input type="checkbox"/> Initial Application	Approved: <input type="checkbox"/> Yes	EHS: _____
<input type="checkbox"/> Recertification	<input type="checkbox"/> No	Date: _____
<input type="checkbox"/> Proficiency Exam _____ <div align="center"><small>(date)</small></div>		
OLD MCHD Certificate Expiration Date: _____	NEW MCHD Certificate Expiration Date: _____	
CFSM Certificate #: _____ - _____ - _____		