



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 Food Safety Managers Reciprocity Application

Montgomery County Public Health Code requires that each licensed facility employ at least one full-time Certified Food Safety Manager (CFSM). After successful completion of a Montgomery County Health Department (MCHD) approved food safety and sanitation proctored exam, you must submit a complete Reciprocity Application 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 approved proctored exams taken within the last five years will be considered for reciprocity. Approved courses include:

- National Restaurant Association (ServSafe)
- ProMetric
- National Registry of Food Safety Professionals

Complete the application on the back side of this sheet and include the following documentation with your application or it will not be processed:

- A photocopy of the certificate received from the MCHD approved certification course which shows the date received and/or date of expiration.
- Non-refundable Application fee of \$45.00. Check or money order payable to "Treasurer of Montgomery County".

Mail your completed application, non-refundable fee and documentation to the Montgomery County Health Department office closest to where you are employed – Norristown, Pottstown or Willow Grove.

***** Please complete the application on the reverse side of this page. ***** Rev.1/13/2015

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

Personal Information	Name:	_____	_____
		First	Last
	Address:	Mailing Address	
		City	State Zip Code
	Telephone:	E-mail: _____	
Full-Time Employer Information	Facility's Name:	_____	

	Address:	Mailing Address	
		City	State Zip Code
	Telephone:	_____	
Approved Proctored Exam	Check <input checked="" type="checkbox"/>	<input type="checkbox"/> National Restaurant Association (ServSafe)	
		<input type="checkbox"/> ProMetric	
		<input type="checkbox"/> National Registry of Food Safety Professionals	
		Date of exam ____/____/____	

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 \$45.00 check or money order.

Signature of Applicant

Date of Signature

FOR OFFICIAL USE ONLY:	
NEW MCHD Certificate Expiration Date: ____/____/____	CFSM Certificate #: ____ - ____ - ____
<u>Approval</u>	
Supervisor: _____	Date: _____