

Logan County Department of Public Health
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Public Health
Prevent · Promote · Protect
Logan County
Department of Public Health

2013 FOOD SERVICE SANITATION MANAGER (FSSM) CERTIFICATE COURSE

INITIAL FSSM COURSE	REFRESHER FSSM COURSE
Dates: September 9, 16 <u>AND</u> 23rd Time: 9:00am – 4:00pm	Dates: September 23rd Time: 9:00am – 4:00pm
Cost: \$75. ⁰⁰ (Materials Included in Fee)	Cost: \$35. ⁰⁰
<ul style="list-style-type: none">Participants must attend all three sessions in order to take the FSSM Exam. The exam is offered at the end of the third day.Registration for the FSSM Initial Courses is 8:30-9:00am on September 9th. A photo ID must be presented at the time of registration.	<ul style="list-style-type: none">Course must be completed before the expiration date of the FSSM Certificate.Registration for the FSSM Refresher Course is 8:30-9:00am. A photo ID and current FSSM Certificate must be presented at the time of registration.

NOTES PERTAINING TO BOTH COURSES

- Participants absent or late to any class session will be dismissed from the course without refund.
- Seats will not be reserved until fee is submitted to LCDPH. Seating is limited. **To verify payment/enrollment, you must bring your receipt with you to the first day of class.**
- Fees listed do not apply toward the FSSM Certificate.
- Refunds will be issued upon **written** request if received by LCDPH at least 5 working days prior to the start of the course. After that period, the fee may be applied only to the **next** FSSM course.

CUT ALONG THE DOTTED LINE. RETAIN TOP PORTION FOR YOUR RECORDS. MARK THE DATE AND TIME OF THE CLASS YOU WILL ATTEND. COMPLETE THE BOTTOM PORTION AND SUBMIT WITH PAYMENT TO LCDPH.

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<input type="checkbox"/> FSSM Initial September 9, 16, 23rd Fee: \$75. ⁰⁰

<input type="checkbox"/> FSSM Refresher Monday, September 23rd Fee: \$35. ⁰⁰
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NAME: _____

ADDRESS: _____

HOME/MOBILE PH. #: _____

PLACE OF EMPLOYMENT: _____

WORK PH. #: _____

PAYMENT: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Credit/Debit (Card Type) _____
NAME: _____ CARD #: _____ EXP DATE: ____/____ SECURITY CODE: _____ (AS ON CARD) (MM/YY)
DO NOT MAIL CASH