



## SERV-SAFE FOOD SAFETY PROGRAM

- \* Dates: Wednesdays, September 27 and October 4, 2017
- \* Time: 4:30 p.m. - 9:30 p.m. (Both evenings)
- Class Size: Minimum of 10 registrants to conduct class
- \* Place: Through Enfield Adult Education at  
Fermi High School (Room A228)  
124 North Maple Street  
Enfield, Connecticut 06082
- \* Fee: \$165.00 per person (includes 7th edition text book  
and exam)

SERV-SAFE was developed by the Educational Foundation of the National Restaurant Association. Successfully completing and passing the course and exam will satisfy the requirement for a Qualified Food Operator (QFO) currently mandated by the State of Connecticut.

This program will be taught by Eric Nusbaum, PhD of Wheelwright Associates, Inc. Dr. Nusbaum is a member of the Connecticut Restaurant Association and has conducted over 200 programs.

Call for additional information: North Central District Health Department  
745-0383 - Ask for Deb or Pat

Registration Deadline is September 20, 2017.



# North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 \* (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 \* (860) 872-1501 Fax (860) 872-1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 \* (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 \* (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.  
Director of Health

## SERV-SAFE COURSE REGISTRATION FORM

Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

Course: \_\_\_\_\_ **SERV-SAFE: Serving Safe Food** \_\_\_\_\_

Course Date: Wednesdays, September 27 and October 4, 2017 (4:30 pm – 9:30 pm)

I acknowledge that this course is for educational purposes and that there is no guarantee from NCDHD that I will pass the examination after taking the course. Responsibility for studying and passing the exam is my own.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Fee: \$165.00 per person Paid: \_\_\_\_\_  
(Make check payable to: "NCDHD")