

**CHICAGO DEPARTMENT OF PUBLIC HEALTH
FOOD SERVICE SANITATION MANAGER CERTIFICATE REQUEST
VERIFICATION OF TRAINING HOURS**

*STUDENT NAME OR CLASS NUMBER:

NAME OF TESTING AGENCY:

TOTAL NUMBER OF TRAINING HOURS _____

DATE/S OF TRAINING: _____

DATE OF EXAMINATION: _____

CLASS LOCATION (STATE): _____

NAME OF INSTRUCTOR (PRINT): _____

**INSTRUCTOR (CDPH/IDPH) I.D. NUMBER: _____

SIGNATURE OF INSTRUCTOR: _____

Please complete and submit this form together with your certificate request.

* Use the **Class Number** if there are numerous students in the same class applying for a Chicago FSSMC, and the instructor is sending in the request for the class. If the instructor is sending in **additional request for the same class** at a later date, please send another form to accompany the new request.

**If instructor is not certified in the City of Chicago or State of Illinois, please put 'None'.