

**CERTIFIED FOOD MANAGER PROGRAM
INSTRUCTOR APPLICATION –NEW / RENEWAL**

The Certified Food Manager (CFM) **PROGRAM LICENSEE** must Mail or Fax the completed Instructor Application and ALL required documentation to: Food and Drug Licensing Group, MC 2003, Texas Department of State Health Services, PO Box 149347, Austin, TX 78756-3182. Telephone: (512) 834-6727, Fax: (512) 834-6741. Visit our website at: www.dshs.state.tx.us/foodestablishments/cfm.shtm

FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION WILL DELAY PROCESSING

PLEASE TYPE OR PRINT LEGIBLY	Program License Number: _____
1. Licensed CFM Program: _____	
2. Instructor Name (Candidate): _____	
Last	First
MI	
3. Telephone (Daytime): _____	
Area Code	Number
4. Email: _____	

(NEW) **Complete for a "NEW" license only**

5. Instructor Training Requirements - Certified Food Manager Certificate:
 Attach a copy of current CFM Certificate

6. Instructor Experience or Education Requirement: Complete A or B
 A. Graduate/Bachelor/Associate Degree Applicant:
 Attach copy of transcript and diploma. The degree must be in area of Food Safety/Environmental Health/or Natural Sciences. OR
 B. Work Experience Applicant: (Attach copy of work experience)
 (1) 2 years of State or Local Health Department Regulatory Food Inspection Work Experience OR
 (2) 5 years of Managerial Food Establishment Work Experience §229.172 (g)(1)

(RENEWAL) **Complete for a "RENEWAL" license only**
 (Verification of training hours must be submitted with application)

7. Instructor Continuing Education (5 clock hours) : List all professional training methods required for certification.

Course Title:	Hours:	Date:
_____	_____	_____
_____	_____	_____

EXAMINATION SECURITY AGREEMENT: I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Certified Food Manager (CFM) Program and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets and answer sheets issued to me upon request. I further understand that failure to comply with the terms of this agreement may constitute just cause for denial, suspension or revocation of program review or test site license.

AFFIDAVIT: I hereby certify that the information given above is true and correct to the best of my knowledge. I understand at the time of audit, verification of documentation shall be provided at the request of the department. I further certify that I have read and understand applicable provisions of 25 Texas Administrative Code, Chapter 229.172 and agree to abide by them.

Signature of Instructor (Candidate): _____ Date _____ Signature of CFM Program Licensee: _____ Date: _____

<p align="center"><u>New:</u></p> <input type="checkbox"/> CFM <input type="checkbox"/> Work Experience <input type="checkbox"/> Transcript <input type="checkbox"/> Degree <input type="checkbox"/> Industry (5 Yrs) <input type="checkbox"/> Diploma <input type="checkbox"/> Regulatory (2 Yrs)	<p align="center"><u>FOR CFM OFFICE USE ONLY</u></p> <input type="checkbox"/> Approved <input type="checkbox"/> Instructors #: <input type="checkbox"/> Exp Date: <input type="checkbox"/> Disapprove: <input type="checkbox"/> Disapprove: Comments:	<p align="center"><u>Renewal:</u></p> <input type="checkbox"/> Continuing Education (5)
		<p>Initials:</p> <p>Date:</p>