



Delaware General Health District

1 and 3 West Winter Street
 P.O. box 570
 Delaware, Ohio 43015-0570
 (740) 368-1700 Fax (740) 368-1736
 DelawareHealth.org



Shelia Hiddleston, RN, MS
 Health Commissioner

The Delaware General Health District is offering Serv Safe® classes throughout the year to help you meet your requirement to have Level 2 Certification in Food Safety. Upon passing the exam, students will receive National and State of Ohio Certification in Food Protection. This class is open to all food service employees. **If you have special needs such as having the exam read to you, please indicate that on your registration.**

Submit money and registration form to: DGHD, PO Box 570, Delaware, Ohio 43015.

All books and material will be delivered or mailed at least 3 weeks prior to the start of class.

For additional information, please contact Shannon Self (740) 203-2071 sself@delawarehealth.org

Date	Location	Hours	Cost	Deadline for Registration
March 21 & 23, 2017 This is a 2 day course. Classroom instruction on BOTH days and exam to be taken at the end of the second day.	Delaware Area Career Center North Campus 1610 SR 521 Delaware, OH 43015	9:00am – 5:00pm	\$150.00 per person. Includes book, classroom materials and exam.	February 24, 2017
July 11,13,18,20, 2017 This course will be divided up over 4- half days of instruction with exam to be taken on the 4 th day	Willis Education Center 74 W William St. Delaware, OH 43015	8:30am – 12 noon	\$150.00 per person. Includes book, classroom materials and exam.	June 16, 2017
October 24 & 26, 2017 This is a 2 day course. Classroom instruction on BOTH days and exam to be taken at the end of the second day	Rutherford Hayes Administration Building 140 N Sandusky St. Delaware, OH 43015	9:00am – 5:00pm	\$150.00 per person. Includes book, classroom materials and exam.	September 29, 2017

Registration for class is on a first-come, first-served basis. Registration MUST be paid in full in order to secure a spot. We will not “hold” spots without payment. Class size is limited to 35 students.

Registration Information:	Date of class requested: _____
Name: _____	Facility: _____
Mailing address: _____	
City: _____	State: _____ Zip: _____ Phone: _____
Email: _____	Special Exam Needs: _____
Preferred Exam Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____	