LEVEL 2 ServSafe® REGISTRATION

The Delaware General Health District is offering ServSafe® 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 below.

Cost for registration is $150.00 per person and includes book, class materials and exam. All books and materials will be delivered or mailed at least 3 weeks prior to the start of class.

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

2019 Class Dates

Jan. 22 & 24 | 9am - 5pm | Delaware County Board of Elections | 2079 US Hwy 23 N, Delaware, OH 43015 | Deadline: Jan. 1

April 15 & 17 | 9am - 5pm | Delaware County Board of Developmental Disabilities Room 165 | 7991 Columbus Pike, Lewis Center, OH 43035 | Deadline: March 22

July 30 & Aug. 1 | 9am - 5pm | Hayes Administration Building Room 234 | 145 N. Union St, Delaware, OH 43015 | Deadline: July 7

Nov. 12 & 14 | 9am - 5pm | Delaware County Board of Developmental Disabilities Room 165 | 7991 Columbus Pike, Lewis Center, OH 43035 | Deadline: Oct. 20

Registration for class is on a first-come, first-served basis. Registration must be paid in full in order to secure a spot. Class size is limited to 35 students. Submit money and send completed registration form to: DGHD, PO Box 570, Delaware, OH 43015.

Name: __________________________________________ Name of Food Operation: __________________________

Mailing Address: __________________________________________________________

City: __________________________ State: ________ Zip: __________ Phone: __________

Email: __________________________ Special Exam Needs: __________________________________________

Preferred Exam Language: [ ] English  [ ] Spanish  [ ] Chinese  [ ] Other __________________________

Date of Class Requested: __________________________