



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
847 NE 19th AVENUE, SUITE 350
PORTLAND, OREGON 97232
(503) 988-3400
FAX (503) 988-5844

Multnomah County Environmental Health Off-Site Food Handler Certification Class

Dear Applicant: _____ Date: _____

You are requesting Multnomah County Environmental Health to hold a Food Handler Certification Class at the following location:

Name of facility: _____

Address: _____

Contact Name: _____ Telephone Number: _____ Fax: _____

Requested Date of Class: _____ Time: _____ Alternative Date: _____ Time: _____

PLEASE COMPLETE ALL APPLICABLE SPACES

Items Requested

- Food Handler Books: Language _____ Qty _____ Language _____ Qty _____
- Written Tests: Language _____ Qty _____ Language _____ Qty _____
- Video for individuals who cannot take written test? Classroom instruction Specify language _____

*All off-site certification requests must be paid for in advance to schedule class. Minimum payment is equal to 40 food handler certificates (40 X \$10.00 per Certificates). **A written request is required to cancel and receive a refund for pre-paid class fees.** Written cancellation/reimbursement request must be received in Environmental Health Services office or postmarked no later than 3 weeks prior to the class date. Written cancellation requests **NOT** received 3 weeks prior to the class date will be ineligible to receive refund(s). This requirement also applies when canceling an individual or individuals and not the entire class.

Number of food handlers attending: _____ (X \$10.00 per Certificate) = Total Amount: \$ _____

Amount submitted \$ _____ Check # _____ Money Order # _____ Cash

Make check payable to: **Multnomah County Environmental Health** and remit application and payment to:
Multnomah County Environmental Health, 847 NE 19th Avenue, Suite 350, Portland, Oregon 97232

DO NOT WRITE BELOW - EHS OFFICE USE ONLY

EHS Supervisor SECTION

EHS Supervisor confirmed class w/requestor Yes No Initials _____ For Date: _____
 Delivery of FH Books assigned to: _____ Class assigned to: _____
 Yes No: Bring TV/VCR

OA SECTION

Application form reviewed and complete, application faxed to FH and Off-site material cases prepared by:

Name: _____ Date: _____ Time: _____ Case Prepared: _____
Name: _____ Date: _____ Time: _____ Case Restocked: _____