

ServSafe Certified Food Protection Manager **Course** *(English)* / **Exam** *(Please specify if other than English)*

Given by the Uncas Health District

When: Tuesday, October 6, 2026
Where: Montville Town Hall – Room #203
310 Norwich-New London Turnpike
Uncasville, CT 06382
Time: 8:15am – 4:00pm
Cost: \$175.00 (includes course book & exam)

Seating is Limited
spots will not be reserved

Participants must register with the **Uncas Health District** by
Tuesday, September 29, 2026, to attend.

Email Registration Form to: office@uncashd.org

This course is taught in **English**
Exams are available in other languages
A translator can be present during the course only

Please let us know at the time of registration if you need any special accommodation.

CERTIFIED FOOD PROTECTION MANAGER (CFPM): Sec. 19a-36h-4. Certified food protection manager and alternate person in charge. (a) Each Class 1, 2, 3, and 4 food establishment shall have a person in charge who meets the requirements of section 2-102.11 of the food code and who is on-site at the food establishment at all times the establishment is operating. **(b) At all times, a class 2, 3 and 4 food establishment is operating, the person in charge shall be a certified food protection manager.**

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401 West Thames Street, Suite 106, Norwich, CT 06360
T: 860.823.1189
F: 860.887.7898
www.uncashd.org

Certified Food Protection Manager Course / Exam

REGISTRATION FORM

Tuesday, October 6, 2026

Montville Town Hall, 310 Norwich-New London Tpke, Uncasville, CT

The fee for this course is \$175.00

Online payments can be made through *Intuit Quickbooks* email link once the registration form is submitted
or make check payable to: **Uncas Health District**

Registration for the class is not complete until payment is received.

Please complete all the information with phone number/email in case of cancellation

Name: _____

Address: _____

Phone: _____

Organization: _____

Email: _____
Participant's Email

Exam Language (*Select One*): English Spanish Chinese Other _____

Parking is available in the **top parking lot / not along sidewalk or building** (handicap accessible). Enter through the front doors of the Town Hall. The course will be held in **Room #203**.

For office use only

Date Paid: _____

Check #: _____ Cash: _____ C/C: _____ Invoiced: _____ Receipt #: _____

Received ServSafe Course Book:

- ☐ YES - Date: _____
☐ NO - Date: _____

Course book received by (*please print name*): _____

Course book delivered by (*please print name*): _____

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