

# NETHEALTH

NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

## Certified Food Manager Registration Documentation Registration Fee = \$25.00

The Northeast Texas Public Health District Order 2016-2 requires each food establishment to have at least one Certified Food Manager present during all hours of operation. Compliance became effective April 1, 2011.

To document compliance, each food establishment is required to register their Certified Food Managers with the Northeast Texas Public Health District. A fee of \$25.00 is required and the registration will expire at the same time the Certified Food Manager Certification expires.

Please complete the information below and return it with a copy of the Certified Food Manager Certificate and registration fee of \$25.00 to: Northeast Texas Public Health District 815 N. Broadway Ave. Tyler, TX. 75702. Print out extra Certified Food Manager Registration Forms on our web page. [www.healthyeasttx.org](http://www.healthyeasttx.org)

A NETPHD Registration Card shall be posting with the Original Certified Food Manager Certificate. For any questions please call – 903-535-0037.

Certified Food Manager Registration				
<b>Name</b> _____				
_____	_____	_____	_____	_____
Last	First	Middle	Male/Female	
<b>Home Address</b> _____				
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ <b>Telephone</b> _____				
<b>Date of Birth</b> _____ <b>Driver's License #</b> _____ <b>State</b> _____ <b>ID</b> _____				
<b>First Time Registration</b> ___ Yes ___ No <b>Recertification</b> ___ Yes ___ No				
<b>Food Establishment to which registration is assigned</b> _____				
<b>Address</b> _____				
_____	_____	_____	_____	_____
Street	City	State	Zip	
<b>Work Phone</b> _____ <b>Date Employed</b> _____ <b>Title</b> _____				
<b>Certified Food Manager Certification Course/Exam Taken</b> _____				
<b>Certification Number</b> _____ <b>Expiration Date</b> _____				
<b>Mail Registration Card To</b> ___ Home Address ___ Work Address				
(It is required for you to enclose a photocopy of the Certificate)				
<b>Signature</b> _____ <b>Printed Name</b> _____				
Please complete one form for each Certified Food Manager employed at your food establishment.				

Office use only: NETPHD Certified Food Manager Registry Number _____
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