

For Office Use Only: Date Received: _____ Amount: \$ _____ Check #: _____ Approved: Yes _____ No _____

CFPM Initial Application

CERTIFIED FOOD PROTECTION MANAGER (CFPM)

Applicant information

Name _____
Last First Full middle name

Mailing address _____
Street Apt. (if applicable)

City State ZIP County

Social security number* _____

***Required under Minnesota Statutes, section 270C.72, subdivision 4**

Contact phone _____

Applicant email _____

Preferred method to receive renewal notifications

Mailing address Applicant email

Submit application

Before mailing, be sure to include the following

1. Completed and signed application form
2. Copy of your exam certificate
3. Check or money order made payable to MDH for \$35 –
NO CASH, CREDIT or DEBIT CARDS ACCEPTED.

Mail to

Minnesota Department of Health
Certified Food Protection Manager
Food, Pools, and Lodging Services Section
PO Box 64495
St. Paul, MN 55164-0495

Minnesota Statute 157.16, Subd. 2a. states, an applicant for certification or renewal certification must submit a \$35 fee. This fee is nonrefundable.

Approved exams

The applicant for initial certification as a CFPM shall complete a training course and pass an approved examination. The examination cannot be older than 6 months at the time of application. If the exam certificate is older than 6 months old, the applicant shall retake the initial course and pass the exam again before certification can be granted.

If you no longer have the exam certificate, first try to get a copy of the certificate or other proof of having passed the exam from the organization, company or school that conducted the course of the exam you took. If that does not work, contact the organization that provided the exam. Applicants for initial certification must provide proof they have passed an exam from an organization accredited by the [ANSI-CFP Accreditation Program](#).

Individuals applying for CFPM in the State of Minnesota

The commissioner of health will use information provided in this application to determine if you meet the requirements for certification. Submitting false information is grounds for denying your application or suspending, revoking or taking other disciplinary action against your certificate, if issued. Failure to provide required information may delay the processing of your application and may be grounds for denying your application.

For information on licensing data see Minnesota Statutes, section 13.41.

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check as in Minnesota Statutes, section 604.113, subd.2 (a). Additional civil penalties may be imposed for non-payment.

I certify that the information provided and submitted on this application is accurate and complete.

Signature _____ Date _____

Resources

Initial Minnesota CFPM

(<https://www.health.state.mn.us/communities/environment/food/cfpm/howto.html>)

ANSI-CFP Accreditation Program

(<https://www.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>)

Minnesota Department of Health
Food, Pools, and Lodging Services Section
651-201-4500
health.foodlodging@state.mn.us
www.health.state.mn.us

January 2022

*To obtain this information in a different format,
call: 651-201-4500.*