



SPANISH SERV-SAFE FOOD SAFETY PROGRAM

- Date: Saturday, April 28, 2018
- Time: 10:00 a.m. to 6:00 p.m.
- Place: North Central District Health Department
Lower Level
31 North Main Street
Enfield, Connecticut 06082
- Fee: \$165.00 per person
(based on 7th edition Spanish text book with exam)

SERV-SAFE was developed by the Educational Foundation of the National Restaurant Association. Successfully completing and passing the course and exam will satisfy the requirement for a Certified Food Safety Manager (CFSM)/Qualified Food Operator (QFO) currently mandated by the State of Connecticut. This class may also be a help to Spanish speaking managers, head cooks and other kitchen supervisors.

This program **will be taught in Spanish** by Lillian Gordon de Molina. Ms. Gordon-de Molina has worked in the restaurant industry for a number of years and is a full time high school Spanish teacher. She is a native Spanish speaker who has lived and worked in Chile and has spent considerable time in Mexico. She has been providing Spanish language ServSafe programs for approximately 15 years.

We are currently accepting applications for this class. We must have 10 applicants registered to conduct this program. Please call 860-745-0383 to request an application **no later than April 20, 2018.**

Call for additional information: North Central District Health Department
860-745-0383 - Ask for Deb Caronna



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872-1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

SPANISH SERV-SAFE COURSE REGISTRATION FORM

Date: _____

Establishment Name: _____

Establishment Street: _____

City: _____ State: _____ Zip: _____

APPLICANT INFORMATION

Last Name: _____

First Name: _____

Email Address: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Telephone No. _____ Business Telephone No. _____

Course: SPANISH SERV-SAFE: Serving Safe Food

Course Date: Saturday, April 28, 2018; 10:00 a.m. to 6:00 p.m.

I acknowledge that this course is for educational purposes and that there is no guarantee from NCDHD that I will pass the examination after taking the course. Responsibility for studying and passing the exam is my own.

Date _____ Signature _____

Fee: \$165.00 per person Paid: _____
(Make check payable to: "NCDHD")