



APPLICATION FOR LICENSURE OF CERTIFIED PROFESSIONAL - FOOD SAFETY

NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 54388 (Rev. 9-2018)

DO NOT WRITE IN THIS BLOCK

Date Received

Fee Paid

☐ Approved ☐ Disapproved

State Health Officer Signature

Date Certificate Issued

North Dakota Century Code Chapter 43-43 requires that any person engaged in the practice of environmental health within North Dakota shall be required to be licensed. The 2003 Legislature provided authority to the Advisory Board to establish specialty credentials within the practice of environmental health. Licensure as a "Certified Professional-Food Safety" was established for persons, who by their education and experience in food safety, are qualified and limited to inspecting retail food, food service, food production or food manufacturing facilities, or conducting plan reviews for such establishments.

The statute, and rules adopted by the Advisory Board, require that the applicant for licensure submit evidence of meeting the following requirements: (1) minimum educational requirements for licensure; or (2) proof of being licensed or registered as an Environmental Health Practitioner, Certified Professional-Food Safety, or Sanitarian in a state or country whose requirements for licensure equal those of North Dakota. License Fee: \$50.00.

INSTRUCTIONS TO APPLICANT

Complete this application by printing in ink, or by typing. If additional space is required to answer questions, use a separate sheet and attach to this application. Each application must be accompanied by the application fee. Make check or money order payable to the North Dakota Department of Health.

Name of Applicant (AS IT SHOULD APPEAR ON YOUR CERTIFICATE)		Email Address		
Business Address	City	State	ZIP Code	County
Residence Address	City	State	ZIP Code	County
Which address should we use for mailing to you? <input type="checkbox"/> Business Address <input type="checkbox"/> Residence Address		Home Telephone Number		Business Telephone Number

EDUCATIONAL RECORD - List education and training below. Education and experience grading will be on the basis of completeness and accuracy of information supplied in this application. Supplemental sheets may be attached if more room is needed. **ATTACH A COPY OF YOUR TRANSCRIPT.**

COLLEGE OR UNIVERSITY - UNDERGRADUATE WORK

NAME OF SCHOOL LOCATION (CITY AND STATE)	DATES OF ATTENDANCE		CREDITS REC'D	MAJOR SUBJECT		MINOR SUBJECT		DEGREE REC'D IF ANY	DATE OF DEGREE (MO-YR)
	FROM (Mo-Yr)	TO (Mo-Yr)		NAME	HOURS	NAME	HOURS		

GRADUATE WORK

NAME OF SCHOOL LOCATION (CITY AND STATE)	DATES OF ATTENDANCE		CREDITS REC'D	MAJOR SUBJECT		MINOR SUBJECT		DEGREE REC'D IF ANY	DATE OF DEGREE (MO-YR)
	FROM (Mo-Yr)	TO (Mo-Yr)		NAME	HOURS	NAME	HOURS		

FIELD TRAINING OR SHORT COURSES

NAME OF INSTITUTION	NAME OF COURSE	DATES	WAS COURSE COMPLETED

MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES

EXPERIENCE RECORD Start with last or present position, list work experience in chronological order for the last ten years. If immediate supervisor is now in other work, give his/her present address, if possible. Describe your work duties in detail. Attach additional sheets in same format if more room is needed.

Employer	FROM (Month/Year)	TO (Month/Year)
Employer's Address	Your Job Title	
Your Work Location	Your Immediate Supervisor	
Your Work Duties and Responsibilities		
Employer	FROM (Month/Year)	TO (Month/Year)
Employer's Address	Your Job Title	
Your Work Location	Your Immediate Supervisor	
Your Work Duties and Responsibilities		
Employer	FROM (Month/Year)	TO (Month/Year)
Employer's Address	Your Job Title	
Your Work Location	Your Immediate Supervisor	
Your Work Duties and Responsibilities		

RECIPROCITY WITH ANOTHER STATE

State of Registration	Date of Registration	Certificate Number(s)
Has your license/registration been suspended in any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain details below:		
Have you been involved in any civil or criminal litigation? <input type="checkbox"/> No <input type="checkbox"/> Yes - provide summary of litigation, the outcome and parties involved below		

REFERENCES

Names of three persons familiar with your work and to whom the Advisory Board may address inquiries if necessary	ADDRESS (Street, Number, City, State and Zip Code)

Send with your application:
College transcript(s)
\$50.00 license fee

TO
State Health Officer
North Dakota Department of Health
600 East Boulevard Avenue - Dept. 301
Bismarck, ND 58505-0200

Phone: (701) 328-2372

College transcripts will be checked.

If additional room is needed for any answers, attach a separate sheet in the same format as that portion of this form for which the attachment is prepared.

I affirm that I am the applicant named in this application; I have read the contents of the application, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect and are made in good faith, and are made for the purpose of complying with the requirements of Chapter 43-43 of the North Dakota Century Code.

Signature of Applicant	Date Signed
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Any omission or failure to report complete and accurate information or violation of any provisions of the Environmental Health Practitioners Act may result in an investigation by the State Health Officer, Attorney General or county State's Attorney(s), and may result in forfeiture of license and/or criminal prosecution pursuant to Chapter 43-43 of the North Dakota Century Code.