



# RENEWAL APPLICATION FOR LICENSURE OF CERTIFIED PROFESSIONAL - FOOD SAFETY

NORTH DAKOTA DEPARTMENT OF HEALTH  
SFN 54389 (9-2018)

DO NOT WRITE IN THIS BLOCK

Date Received
Fee Paid
<input type="checkbox"/> Approved <input type="checkbox"/> 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.

Certified Professional-Food Safety licenses are renewable on January 1 of each biennium. The renewal forms must be accompanied by the following: (1) Renewal Fee - \$15.00 (\$2.00 late renewal fee per month); and (2) Proof of meeting the continuing education requirements - 1.5 CEU's of continuing education in the field of environmental health, completed in the biennium preceding the biennium for which licensure is sought.

### 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. 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
Name of Employer		City	State	ZIP Code
List Your Areas of Specialty				

### CONTINUING EDUCATION EXPERIENCE OVER THE LAST TWO YEARS

WHERE	COURSE DESCRIPTION	SPONSOR	DATE	*CEU's EARNED

\*Proof of CEU's assigned by the Environmental Health Practitioner Curriculum Review Committee must be submitted with your application.

Highest Degree Attained <input type="checkbox"/> PhD <input type="checkbox"/> MS <input type="checkbox"/> MA <input type="checkbox"/> MPH <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> AS <input type="checkbox"/> AA <input type="checkbox"/> High School <input type="checkbox"/> Other (specify): _____	
If any change of an educational degree has occurred since the previous licensing period, proof of that educational degree change must be submitted.	
<b>Enclose a copy of your college transcript(s)</b>	
Are you a member of the National Environmental Health Association (NEHA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the International Association of Milk, Food and Environmental Sanitarians (IAMFES)? <input type="checkbox"/> Yes <input type="checkbox"/> No

**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.**

Signature of Applicant	Date Signed
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Send with license renewal fee, check or money order payable to the North Dakota Department of Health, CEU data, college transcript, and any other attachments to:

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

Phone: (701) 328-2372