National Registry of Food Safety Professionals - CFSHM

Enclose the following:

1. Completed Answer Sheets (in Alphabetical Order)
2. Completed Test Administrator Report Form
3. Used Reader Forms
4. Incident Report Form
5. Completed Candidate Comment Form

COMPLETE THE FOLLOWING:

Company Name _____

Test Administrator Name_____Code:_____

Additional Proctor Name_____Code:_____

TRAINER Name _____

Trainer Phone:_____Exam Date_____

Preference for Returning Certificate / Fail Notice Only:

___Mail to each examinee as addressed on answer sheet.

   -OR-

___Mail to the Test Administrator

   (address on file) with class results.

___Please follow special instructions below:

_____

Complete the Following:

Test Administrator Name_____

Company Name:_____

Test Administrator Code_____Exam Date_____

Exam Site_____

Test Administrator phone number:_____

Trainer phone number: _____

For Registry Use Only

Order ID_____Batch #_____Count #_____

Date Received_____By_____Date Processed_____By_____Date Cert. Out_____By_____

Voucher Qty:_____Cert.Audit by_____

Notes_____

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