



***FOOD HANDLER COURSE
REGISTRATION FORM***

Please Print Clearly

NAME: _____
(as it is to appear on certificate)

MAILING ADDRESS: _____

_____ **POSTAL CODE:** _____

PHONE #: (Home) _____ (Bus.) _____

PLACE OF EMPLOYMENT: _____

REGISTRATION FEE: \$40.00 (Payable by cash or cheque prior to course date)

COURSE DATES: _____

Office Use Only

RECEIPT NUMBER: _____

COURSE GRADE: _____

CERTIFICATE NUMBER: _____

Personal Health Information Privacy Act

Personal health information on this form/report is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, c.H.7, as amended and the Regulated Health Professions Act, S.O. 1991, c. 18 and will be used for assessment, management, treatment and reporting purposes. Questions about this collection should be addressed to the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario L1A 3V6 (905) 885-9100, or toll free at 1-866-888-4577.ext 482