



Texas Department of State
Health Services

CERTIFIED FOOD MANAGER PROGRAM
INSTRUCTOR APPLICATION –NEW / RENEWAL

The Certified Food Manager (CFM) **PROGRAM LICENSEE** must Mail or Fax the completed Instructor Application and ALL required documentation to: Food and Drug Licensing Group, MC 2003, Texas Department of State Health Services, PO Box 149347, Austin, TX 78756-3182. Telephone: (512) 834-6727, Fax: (512) 834-6741. Visit our website at: <http://www.dshs.texas.gov/food-managers/default.aspx>

PLEASE TYPE OR PRINT LEGIBLY Program License # _____

Licensed CFM program name _____

Instructor name (Candidate): _____

Telephone number: _____

Email: _____

(NEW) **Complete for a "NEW" license only**

Instructor Training Requirements – Certified Food Manager Certificate

Attach a copy of the current CFM Certificate

Instructor Experience or Education Requirement: **Complete A or B**

A. Graduate/Bachelor/Associate Degree applicant: Attach copy of transcript and diploma. The degree must be in area of Food Safety/Environmental Health or Natural Sciences. **OR**

B. Work experience applicant: Attach copy of work experience

1. 2 years of state or local Health Department Regulatory Food Inspection work

OR

2. 5 years of managerial food establishment work experience 229.172(g)(1)

3. Any Military service experience that is equal to or exceeds items 1 & 2 under B.

REV 4/10/17

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BE SURE TO COMPLETE ALL PAGES OF THIS FORM

[Type here]

RENEWAL**Complete for a "RENEWAL" license only**

(verification of training hours must be submitted with application)

Instructor Continuing Education (5 clock hours): List all professional / military methods required for certification.

Course Title

Hours

Date

AFFIDAVIT: I hereby certify that the information given above is true and correct to the best of my knowledge. I understand at the time of audit, verification of documentation shall be provided at the request of the department. I further certify that I have read and understand applicable provisions of 25 Texas Administrative Code, Chapter 229.172 and agree to abide by them.

Signature of Instructor (candidate)

Date

Signature of CFM Program Licensee

Date

FOR CFM OFFICE USE ONLY**NEW:**

- work experience
 transcript
 degree
 industry (5 years)
 diploma
 regulatory (2 years)
 Military service confirmation
 Military food service documentation

RENEWAL:

- Continuing Education (5)

Status:

- Approved
 Instructor number: _____
 Exp Date: _____

- Disapprove

Comments: _____

Initials: _____ **Date:** _____