Local health jurisdictions may request standardization of their training officer by the Texas Department of State Health Services (DSHS). Each jurisdiction is limited to having only one training officer standardized by DSHS. Return the completed nomination form to: Texas Department of State Health Services, Public Sanitation & Food Safety Group, PO Box 149347, Mail Code 1987, Austin, Texas 78714-9347 or FAX (512) 834-6683 or EMAIL jason.guzman@dshs.texas.gov

### APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Candidate’s Name: (Certificate Name...Please Print)</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency:</td>
<td>Dates of Service:</td>
</tr>
<tr>
<td>Office Telephone Number:</td>
<td>Office Email Address:</td>
</tr>
<tr>
<td>Mobile Telephone Number:</td>
<td>Office Fax Number:</td>
</tr>
<tr>
<td>Office Mailing Address:</td>
<td>City:</td>
</tr>
</tbody>
</table>

### ELIGIBILITY INFORMATION

Formal Education/Training:

Completion of the “pre” and “post” Curriculum for Retail Food Safety Inspection Officers as Listed in Standard 2 of the FDA Voluntary National Retail Food Regulatory Program Standards: (Attach copies of certificates or other documentation)

Present Duties Conducting Food Safety Training and/or Standardization / Date Assigned

---

Rev. 07/06/2018
Continuing Education: (List hours of education with course titles/dates, within the last 2 years)
Note: 20 contact hours minimum to qualify for nomination.

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Prerequisites Completed Within the Past 3 Years: (One box must be checked)

- [ ] 1 year of full time experience in retail food establishment inspections.
- [ ] 100 food establishment inspections within the past 3 years.

Our local health jurisdiction adopted the Texas Food Establishment Rules (TFER). (One box must be checked)

- [ ] YES
- [ ] NO

SUPERVISOR’ SIGNATURE (Confirming request for nomination):

Recognizing the time and resource commitment involved for both the DSHS Training Officer and the nominee to complete the initial Standardization and maintain continued re-standardization, the nominee’s supervisor is ensuring that the Training Officer’s scope of responsibility will enable him/her to fulfill the annual maintenance requirements and as such will be afforded the time to complete these requirements and will document such annually. If these requirements are not met, candidate may not be re-standardized. The supervisor’s signature is acknowledgement of the commitment to these requirements.

Standardization Annual Maintenance Requirements:
- Accumulates 20 contact hours of continuing education every 36 months after initial standardization
- Annually conducts and documents standardization exercises with at least 2 other retail food program inspection personnel
- Annually accomplishes and documents at least one of the following activities:
  - Assists at least 5 retail food establishments in the development of corrective action plans (CAP) and submit a report describing the outcome of the CAP, or
  - Conducts or coordinates and documents to the standard at least 5 training courses related to the retail food protection program, or
  - Performs and documents to the standard any combination of training courses or corrective action plans that equals 5.

SUPERVISOR’ NAME (Signature): ___________________________ DATE: __________

SUPERVISOR’ NAME (Print): ___________________________ TITLE (Print): ___________________________

For Office Use Only:

- [ ] ROUTINELY ENGAGED IN RETAIL FOOD PROTECTION PROGRAM WORK
- [ ] JOB RESPONSIBILITIES CONDUCTING FOOD SAFETY TRAINING AND/OR STANDARDIZATION
- [ ] 20 CONTACT HOURS OF TRAINING
- [ ] 1 YEAR FULL TIME EXPERIENCE OR 100 FOOD ESTABLISHMENT INSPECTIONS

COMMENTS:
________________________________________________________
________________________________________________________

- [ ] APPROVED  [ ] DISAPPROVED  SIGNATURE: __________________________________ DATE: ________

ASSIGNED TO: ___________________________ [ ] CENTRAL OFFICE  [ ] REGION # __________