



**Application for Approval as a Provider
of Ohio Person-In-Charge (PIC)
Certification in Food Protection**

Submit the completed application and all requested material to: Ohio Department of Health
BEHRP Food Safety Program
246 N. High St.
Columbus, Ohio 43215
E-mail: foodsafety@odh.ohio.gov

Name of Provider:		Contact Name:	
Street Address			
City	State	Zip	County
Phone:	E-mail Address:		
Are you a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, proof of service/veteran status must be attached.</i>	

Failure to provide all required information may result in denial of the request.

1. Name of course:

<p><i>Note: If the course being taught is not approved by ODH, a complete application for approval of person-in-charge (level one) course materials must also be submitted.</i></p>

2. List of instructors and credentials.

<p><i>Note: For sanitarians, provide the Ohio RS number; for all others, <u>attach a copy of the Ohio Department of Health Certification in Food Protection certificate for each instructor listed.</u></i></p>

3. Draft of certificate to be issued.

<p><i>Attach a copy of a draft certificate template, including the following minimum information:</i></p> <ul style="list-style-type: none"><i>Name of participant/student</i><i>Statement that participant completed "Ohio Person-In-Charge" training</i><i>Date the training was completed</i><i>Name of training provider (applicant)</i><i>Provider number formatted as "ODH #XX-XXX" and located in the bottom left corner of certificate.</i>

4. Type of electronic method used for maintaining a list of all participants:

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I hereby certify that the information provided is correct to the best of my knowledge.

Signature	Title	Date
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For Ohio Department of Health use only:

Action Taken:	Assigned Provider Number:	Date:
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ODH Food Safety Program • (614) 644-7416 • foodsafety@odh.ohio.gov