



# APPLICATION FOR FOODSAFE INSTRUCTOR CERTIFICATION

All personal information collected on this form relates directly to and is necessary for the operation of the FOODSAFE Program. The information on this form will be used by the regional health authority to assess if the applicant meets the minimum qualification requirements set by the B.C. FOODSAFE Secretariat. All personal information and supporting documents collected under this application process are protected under the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of the information, contact your regional health authority FOODSAFE contact. FOODSAFE Instructor applications are reviewed by the regional health authority based on the applicant's primary residential address. Please submit your FOODSAFE Instructor's application to the FOODSAFE contact for your regional health authority.

**Applicant Information:** I am applying to teach Level 1  Level 2  I am renewing my instructor certification

- I am applying to **renew** my instructor certification for  Level 1  Level 2
- I have previously applied to become a certified FOODSAFE instructor in the last 5 years (check if yes).
- If yes, provide the following details to your previous application
  - o Name of health authority: \_\_\_\_\_
  - o Date of application(s): \_\_\_\_\_
    - Level 1 instructor application only (check if yes)
    - Level 2 instructor application (check if yes)
    - Level 1 & 2 instructor application (check if yes)

NAME (last name, first name, middle name)

Birthdate (yyyy/mm/dd)

Primary Residence Address

Street

City

Postal Code

Email

Home Phone

Mobile Phone

## Payment

Applications for FOODSAFE Level 1 and 2 instructor's certifications are separate applications. Each FOODSAFE level application or re-application has a \$50.00 non-refundable application fee. Each FOODSAFE level renewal has a \$10.00 non-refundable fee. All fees are payable to the regional health authority prior to review.

Amount of application fee payment:

- \$50.00
- \$100.00

Amount of renewal fee payment:

- \$10.00
- \$20.00

Method of payment:

- Cash
- Cheque
- Credit Card

**Professional Background** (attach updated resume and other supporting documentation)

Date

Training & Experience In Teaching/Instruction

- 200 hours of teaching and/or facilitating experience for FOODSAFE Level 1 instructor's application (check if yes)
- 500 hours of teaching and/or facilitating in an adult learning environment for FOODSAFE Level 2 instructor's application (check if yes)

Attach details on a resume.

Valid FOODSAFE Level 1 Certificate ( <i>attach copy</i> )	Mark %	FOOSAFE Level 2 Certificate ( <i>attach copy</i> )	Mark %
Expiration Date (yyyy/mm/dd)		Issue Date (yyyy/mm/dd)	
Issuing Agency		Issuing Agency	

<b>Training &amp; Experience in Food Handling/Food Sanitation</b>  Specify your role in the food service industry (check all that apply & include details on resume): <ul style="list-style-type: none"> <li><input type="checkbox"/> Food safety, HACCP, and/or sanitation plan development</li> <li><input type="checkbox"/> Employee level</li> <li><input type="checkbox"/> Supervisory level</li> <li><input type="checkbox"/> Management level</li> <li><input type="checkbox"/> Health inspection level</li> <li><input type="checkbox"/> Other _____</li> </ul>	Date
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Completion of at least one post-secondary level course in food safety, food science, or microbiology: <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> If yes, attach proof of satisfactory completion of the course and provide course details (e.g. course syllabus from the post-secondary institution).	Date
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Additional Relevant Training & Experience in the Food Service Industry	Date
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I AM ABLE TO TEACH FOODSAFE IN THE FOLLOWING LANGUAGES (*check maximum of 4*)

<input type="checkbox"/> English	<input type="checkbox"/> Cantonese	<input type="checkbox"/> French	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Italian
<input type="checkbox"/> German	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other	

- I \_\_\_\_\_ (name) certify that the information given above is accurate.
- I \_\_\_\_\_ (name) understand that any false information may lead to the rejection of my application or decertification of my FOODSAFE instructor certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b> Approval to teach <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2  Application Rejected <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Rejection: (yyyy/mm/dd)	Expiry date (yyyy/mm/dd)	Name & Signature	Date Signed
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Submit your completed application form and accompanying documents to the FOODSAFE contacts in your health authority or health service delivery area. FOODSAFE contact information is available on the FOODSAFE website at: <http://www.foodsafe.ca/faq.html#haContacts>