

# MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

## OFFICE OF PUBLIC HEALTH

**Office of Public Health**  
PO Box 311  
Norristown, PA 19404-0311  
610-278-5117  
Fax: 610-278-5167

**Pottstown Health Center**  
364 King Street  
Pottstown, PA 19464  
610-970-5040  
Fax: 610-970-5048

**Eastern Court House Annex**  
102 York Road, Suite 401  
Willow Grove, PA 19090  
215-784-5415  
Fax: 215-784-5524

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### Certified Food Safety Managers Reciprocity Application 2023

Montgomery County Public Health Code requires that each licensed facility employ at least one full-time Certified Food Safety Manager (CFSM). After successful completion of an Office of Public Health's (OPH) approved food safety and sanitation proctored exam, you must submit a complete Reciprocity Application to receive the required issued certificate. The OPH certificate must be posted in view of the public, at the facility at which you are currently employed.

***Please note that only approved proctored exams taken within the last five years will be considered for reciprocity.*** Approved courses include:

- National Restaurant Association (ServSafe)
- National Registry of Food Safety Professionals
- 360training.com
- StateFoodSafety (*certificates must have the ANSI/CFP logo and NOT be specific to an individual state program*)
- Always Food Safe Company, LLC
- AAA Food Handler

Complete the application on page two and include the following documentation with your application or it will NOT be processed:

- A photocopy of the certificate received from the OPH approved certification course which shows the date received and/or date of expiration.
- Non-refundable Application fee of **\$80.00**, either check or money order payable to "Treasurer of Montgomery County". **DO NOT SEND CASH.**

OPH fee schedule is on [www.montcopa.org/healthfeeschedule](http://www.montcopa.org/healthfeeschedule)

Mail your completed application, non-refundable fee of **\$80.00** and documentation to the OPH location closest to where you are employed – Norristown, Pottstown or Willow Grove.

**\*\*\* Please complete page 2 of this application \*\*\***

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**\*\*\* PLEASE COMPLETE THE FOLLOWING INFORMATION\*\*\***

<b>Personal Information</b>	Name: _____ Address: _____ Telephone: _____	First _____ Last _____ Mailing Address _____ City _____ State _____ Zip Code _____ E-mail: _____
<b>Full-Time Employer Information</b>	Facility's Name: _____ Address: _____ Telephone: _____	Mailing Address _____ City _____ State _____ Zip Code _____
<b>Approved Proctored Exam</b>	Check <input checked="" type="checkbox"/>	<input type="checkbox"/> National Restaurant Association (ServSafe) <input type="checkbox"/> National Registry of Food Safety Professionals <input type="checkbox"/> 360training.com <input type="checkbox"/> StateFoodSafety <input type="checkbox"/> Always Food Safe Company, LLC <input type="checkbox"/> AAA Food Handler Date of exam ____/____/____

I, \_\_\_\_\_, hereby certify that the facts set forth on this application are true and correct. I understand that the submission of false or misleading information is grounds for suspension or revocation of said certificate. I also understand that if my application is denied for any reason and I must re-submit my application, I must submit an additional fee in the form of a check or money order.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date of Signature

**FOR OFFICIAL USE ONLY:**

**NEW OPH Certificate Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CFSM Certificate #:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**Full-time employer information - License #** \_\_\_\_\_ **Municipality:** \_\_\_\_\_

**Payment:**  Check  Money Order  Cashier's Check **Check #:** \_\_\_\_ **Fee Paid:** \_\_\_\_ **Date:** \_\_\_\_ **Received by:** \_\_\_\_

**APPROVAL - Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_