



How to Register

- 1. Check the schedule on the web (www.city.toronto.on.ca/health) for potential dates and locations.
- 2. Record two choices using the following:
 - a) Session Type:
 - i. Course Package (includes Instructor led course for 6 hours and exam)
 - ii. Exam Package (includes exam only)
 - b) Session Code listed in the schedule on the web.
 - c) Session Date
 - d) Time Period:
 - i. Full Day
 - ii. Two morning sessions
 - iii. Two afternoon sessions
 - iv. Two evening sessions
 - e) Day of the week
- 3. Please record type of payment:
 - a) Cash
 - b) Money Order
 - c) Cheque
- 4. Please keep a copy of this form for your records. A confirmation letter will be sent indicating date, time, and your confirmation number. The confirmation number will be your registrant identification number for the Food Handler Program. Please use the number when making enquiries and attending the session.





Food Handler Certification Program Registration Form

Please complete this form and use it for in-person, drop-off, mail or fax registration.

Mail to: Food Handler Program, Toronto Public Health, 2340 Dundas Street West, Toronto On M6P 4A9

Fax: 416-338-3418

Fax Alert:

Sending personal information by fax is not a secure means of transmission. It is recommended you complete and return the Registration form by regular mail to the address below.

| Session Information | | | | | |
|---|--------------|--------------|--------------|--------------|------------------------|
| | Session Name | Session Code | Session Date | Day | Time |
| First Choice | | | | | |
| Second Choice | | | | | |
| Fee | | Cheque | Money Order | Cash (Do | not send cash in mail) |
| Registrant Information | | | | | |
| Last Na | ame: | | | | |
| Middle Na | ame: | | | | |
| First Na | ame: | | | | |
| Email Addr | ess: | | | | |
| Home Mailing Address | | | | | |
| Num | nber: | | | Unit Number: | |
| Sti | reet: | | | | |
| City/To | own: | | | | |
| | ther: | | | | |
| Provi | nce: | | | Postal Code: | |
| Home Tel. Num | ber: | | | | |
| Food Establishment/Employer | | | | | |
| Na | ame: | | | | |
| Are you the owner/operator of this establishment Yes No | | | | | |
| Business Address | | | | | |
| Num | iber: | | | Unit Number: | |
| Str | reet: | | | | |
| City/To | own: | | | | |
| Provi | nce: | | | Postal Code: | |
| Bus. Tel. Num | nber: | | | Fax Number: | |

The personal information on this form is collected under the authority of the City of Toronto Act, 1997 and the Health Protection and Promotion Act, R.S.O., 1990., c. H.7., s. 4 and 5. The information is used to register individuals for the Toronto Public Health Food Handler Certification Program and/or exam session, and for aggregate statistical reporting. Questions about this collection can be directed to: Education Consultant/Food Safety, 2340 Dundas Street, West, Toronto, M6P 4A9. Telephone: 416-338-8039.