

**CHICAGO DEPARTMENT OF PUBLIC HEALTH FOOD
SERVICE SANITATION MANAGER CERTIFICATE
VERIFICATION OF TRAINING HOURS**

STUDENT NAME OR CLASS NUMBER:

NAME OF TESTING AGENCY:

TAP SERIES

TOTAL NUMBER OF TRAINING HOURS: _____

DATES OF TRAINING: _____

DATE OF EXAMINATION: _____

CLASS LOCATION (STATE): ONLINE

NAME OF INSTRUCTOR/PROCTOR (Print): GEORGE ROUGHAN

**INSTRUCTOR (CDPH I.D. NUMBER): NONE

PROCTOR NUMBER IF TRAINING ON-LINE FOOD MANAGER TRAINING ONLINE

SIGNATURE OF INSTRUCTOR/PROCTOR: *G. W. Roughan*

Please complete and submit this form together with your certificate request.