



Dauphin County Technical School – Adult Ed  
6001 Locust Lane  
Harrisburg, PA 17109  
717-652-3170 ext 7445 or 743  
Fax: 717-901-6766  
[www.workforcedev@dcts.org](http://www.workforcedev@dcts.org)

## **SERVSAFE Food Safety Management Training**

This program prepares the individual for the ServSafe Food Protection Manager Certification exam. Training covers the following areas:

- ✓ The Importance of food Safety
- ✓ Good Personal Hygiene
- ✓ Time and Temperature Control
- ✓ Preventing Cross-Contamination
- ✓ Cleaning and Sanitizing
- ✓ Safe Food Preparation
- ✓ Receiving and Storing Food
- ✓ Methods of Thawing, Cooking, Cooling, and Reheating Food
- ✓ HCCAP (Hazard Analysis and Critical Control Points)
- ✓ Food Safety Regulations

**Cost** \$475 (*We accept Visa, MasterCard & Discover*)

**Acceptable forms of payment:**

**Personal Pay:** Credit/Debit or Money Order, or Cash

**Company Pay:** Company Credit Card or Company Check

Registration and fee deadline is one week prior to the first class. Individuals are not considered registered with DCTS until payment is made and a completed application is submitted to the Adult & Continuing Education Office.

*March 13 2019*

*Wednesday*

*5:30p – 9:00p*

**COURSE MATERIALS WILL BE DELIVERED OR MAILED OVERNIGHT FOR HOME-STUDY PRIOR TO THE START OF THE CLASS.**

**THIS INCLUDES A HOME-STUDY ONE-DAY FORMAT THAT ALLOWS PARTICIPANTS THE FLEXIBILITY TO READ THE MATERIALS BEFORE THE COURSE IS HELD. STUDENTS ATTEND A FIVE HOUR TRAINING/REVIEW SESSION WITH EXAM ADMINISTERED AT THE END OF CLASS. CERTIFICATES WILL BE MAILED APPROXIMATELY 2 WEEKS FOLLOWING THE TRAINING.**



Dauphin County Technical School – Adult Ed  
 6001 Locust Lane  
 Harrisburg, PA 17109  
 717-652-3170 ext 7445 or 743  
 Fax: 717-901-6766  
[www.workforcedev@dcts.org](http://www.workforcedev@dcts.org)

## Course Registration Form

Course Title: \_\_\_\_\_ Course Date: \_\_\_\_\_

**Please Complete All Information Below**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

**PAYMENT METHOD**

Circle One: Check (Payable to DCTS) **VISA MC DIS MO CASH**

I authorize the Business Office at DCTS to charge my credit/debit card as circled above.

Amount to be charged: \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**How did you hear about DCTS?** Former Student Employer Internet Radio Facebook  
 Family Friend Close to home/work Other

**The PA Department of Education requires the following information. Please check the appropriate box.**

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Ethnicity:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**Race:** Am. Indian or Alaskan Native \_\_\_\_\_ Caucasian \_\_\_\_\_

Black/African American \_\_\_\_\_ Multi-Racial \_\_\_\_\_

Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_

**✚ No refunds will be granted after class has begun.**

