



ServSafe Certification

September 21, 2017 or November 16, 2017

8:30 a.m. - 5:00 p.m.

\$100/person

Open to AHCA Members in Good Standing Only

Lunch Included

The ServSafe course is designed to educate and certify food service workers about food safety and understand the basic food safety principles.

Topics include:

- Providing Safe Food
- Forms of Contamination
- The Safe Food Handler
- The Flow of Food: Purchasing, Receiving, Storage, Preparation, Service
- Food Safety Management Systems
- Safe Facilities and Pest Management
- Cleaning and Sanitation

Who should attend?

Dietary managers/staff

Prerequisites:

- Pay full tuition
- Attend full day class

Materials Provided:

- Textbook
- Exam answer sheet
- Presentations
- Handouts
- Lunch

Instructors:

Renee Smith, Director, Culinary Arts and Hospitality Management Institute, U of A Pulaski Technical College, Certified Hospitality Educator and ServSafe Certified Instructor

**For more information, please contact Lori Kindy, Director of Education,
501-374-4422, lkindy@arhealthcare.com**

ServSafe Certification



Please Check One:

☐ September 21, 2017 ☐ November 16, 2017
8:30 a.m. - 5:00 p.m., AHCA Board Room, Suite 180

\$100 / person

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Lunch Included

To register, send this completed form to:

Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 / Fax: 501-374-1077 / Email: lkindy@arhealthcare.com

The information contained herein, together with all attached documents, will be regarded as property of AHCA.

First Name _____ M. _____ Last Name _____ Last 4 digits of SSN _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address (to receive confirmation, class information, and notifications) _____

Employer _____ Current Title _____

Employer's Address _____ City _____ State _____ Zip _____

Attendee's Signature _____ Date _____

PAYMENT TOTAL: \$ _____

☐ Check #: _____ ☐ Visa ☐ Master Card ☐ American Express

Name on Card: _____ Credit Card Number: _____

Expiration Date: _____ V-Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Credit Card Receipt to: _____

SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.
PAYMENT DUE BY FIRST DAY OF CLASS.
CONFIRMATION WILL BE SENT.

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