

# FOOD SAFETY MANAGER CERTIFICATION - ONLINE



**A Certified Food Safety Manager is required to be onsite at all times during kitchen operating hours - 2017 Food Code**

**FANS** food and nutritional solutions

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Food and Nutritional Solutions, LLC has partnered with Nutrition Alliance, LLC and the Always Food Safe Co. as your ANSI accredited Certified Food Safety Manager provider. Your license is valid for 5 years and meets all Arizona requirements.

At only **\$150**, you will receive a fully online experience, all training materials, and a practice exam. To better serve you we include an additional two (2) exam attempts if you need them, for free! You'll only be charged a proctoring fee.

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## REGISTRATION FORM

NAME:  JOB TITLE:

COMPANY NAME:

ADDRESS:

CITY:  STATE:  ZIP CODE:

EMAIL:

WORK PHONE:  MOBILE PHONE:

TEST PROCTORING FORMAT (CHECK ONE):     ONSITE WITH A PROCTOR     REMOTE PROCTOR

### Onsite Proctor

For if you prefer a proctor present in-person to answer questions and provide troubleshooting at your location or an assigned test site.

### Remote Proctor

The proctor will be observing via webcam and is ideal for staff who are comfortable with technology. No other person is permitted in the test area.

*If you are using a credit card, please fill out the Credit Card Authorization Form on the following page*

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### **Email or Fax Registration Form to:**

foodandnutritionalsolutions@gmail.com  
or 1.888.550.4813

### **Make Payment to:**

Food and Nutritional Solutions, LLC  
PO Box 14143 Tempe, AZ 85284

For any questions, please contact Anna de Jesus at 602.819.8394 or foodandnutritionalsolutions@gmail.com

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**THANK YOU FOR THE BUSINESS**

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## ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize **Food and Nutritional Solutions, LLC** to make a one-time debit to your credit card listed below.

By signing this form you give **Food and Nutritional Solutions, LLC** permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I,  , authorize Food and Nutritional Solutions, LLC to charge my credit card account indicated below for \$  on or after  .  
(full name) (amount) (date)

This payment is for the [Food Safety Manager Certification - Online](#).

Billing Address:

City:  State:  Zip:

Phone:  Email:

CREDIT CARD TYPE: VISA  MASTERCARD  AMERICAN EXPRESS

CARDHOLDER NAME:

ACCOUNT NUMBER:

EXPIRATION DATE:

SECURITY CODE:

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