



Application Date: _____

General Information		
Name of Entity (Company):		
Name of Program:		
Contact Name:	Phone:	
Mailing Address of Program:	Cell:	
City:	Fax:	
State:	Zip:	Contact Email:

Program Information	
Check all that apply:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Classroom <input type="checkbox"/> On-line <input type="checkbox"/> Computer program <input type="checkbox"/> DVD <input type="checkbox"/> Other:	

Purpose of Application	
New <input type="checkbox"/> Expected start date:	*Amended <input type="checkbox"/>
Change of Ownership <input type="checkbox"/>	*Renewal <input type="checkbox"/>

*Please highlight or draw attention to differences between original and the amended/renewal application.

Below is a checklist of required information. <i>**Lack of complete information will delay review and approval.**</i>	
1. Course Curriculum	4. Language Translations or Program Conversions
2. Course Completion Record Keeping	5. Signatures
3. Quiz / Exam	Please allow 4-6 weeks for processing.

Section 1 – Course Curriculum

Course Curriculum: In the space provided alongside each topic, indicate the page & paragraph or training slide number where the specific topic area is located within the course curriculum. Time limits have NOT been established for each topic area. However, the total course length should be approximately two hours.



PART 1 - Foodborne illness.	Curriculum	Office Use Only
Instruction on foodborne illness shall include the definition of foodborne illness, the causes and preventive measures, including employee reporting requirements.	Page & Paragraph or Slide #	√
a. Definitions		
1. Foodborne illness		
2. Foodborne disease outbreak		
b. Behaviors associated with foodborne illness & foodborne outbreaks		
1. Poor personal hygiene		
2. Time and temperature abuse		
3. Cross contamination		
c. Reportable Illnesses		
1. Diseases a food handler must report to employer if they are diagnosed with, exposed to, exhibiting symptoms or recovering from		
2. Exclusion		
3. Restriction		
d. Reportable Symptoms		
1. Vomiting		
2. Diarrhea		
3. Jaundice		
4. Sore throat with fever		
5. Lesions containing pus		
6. Exclusion		
7. Restriction		



PART 2 - Good hygienic practices	Curriculum	Office Use Only
Instruction on good hygienic practices shall include the following:	Page & Paragraph or Slide #	√
a. Hands and arms, clean condition		
b. Hands and arms cleaning procedures		
1. How...to wash hands		
2. When...to wash their hands		
3. Where...to wash their hands		
c. Fingernail maintenance		
d. Jewelry prohibition		
e. Outer clothing, clean condition		
f. Eating, drinking, or using tobacco		
g. Discharges from the eyes, nose, and mouth		
h. Hair restraints, effectiveness		
i. Animal handling prohibition		

PART 3 - Preventing contamination by employees.	Curriculum	Office Use Only
Instruction on requirements for preventing contamination by employees.	Page & Paragraph or Slide #	√
a. Definition: Ready-to-eat food		
b. The risks of bare hand contact with ready-to-eat foods with bare hands		
c. Requirements for handling ready-to-eat foods		
1. Prohibited as specified in 3-301.11 of the 2013 Food Code.		
2. Exemptions as outlined in 3-301.11 (D) of the 2013 Food Code.		



d. All requirements of the approved plan as outlined in 3-301.11 (E) of the 2013 Food Code. (If applicable)		
PART 4 - Cross contamination	Curriculum	Office Use Only
Instruction on cross contamination shall include procedures on the prevention of cross-contamination of foods, sanitization methods and corrective actions.	Page & Paragraph or Slide #	√
a. Definitions		
1. Cross contamination		
2. Clean		
3. Sanitize		
b. Preventing food and ingredient contamination by:		
1. Keeping it separated		
A. Raw animal foods		
B. Ready-to-eat foods		
C. Storing food in covered containers, or wrappings		
2. Cleaning and sanitizing equipment and utensils		
c. Methods of Cleaning and Sanitizing		
1. The difference between cleaning and sanitizing		
2. How to make sure that sanitizers are effective		
3. How to clean and sanitize in a three-compartment sink (Wash, Rinse, Sanitize, Air Dry)		
d. Storage of cleaning supplies		



PART 5: Time and temperature	Curriculum	Office Use Only
Instruction shall include cooking time and temperature, time and temperature control of foods to limit pathogen growth or toxin production, and thermometer use and include the following:	Page & Paragraph or Slide #	√
a. Definition: Time/Temperature Control For Safety Food (TCS)		
b. Time/Temperature Control For Safety Food (TCS), hot and cold holding		
c. Time/Temperature Control For Safety Food (TCS), cooking temperatures		
d. Food thermometer		
1. Indicates the temperature of food		
2. Thermometer calibration – how and when.		

Section 2 – Quiz / Exam

Chapter/module quiz(s) and/or a final exam with a passing score is required for each Food Employee to qualify for an exemption. The following documentation must be presented for review as part of this application:

1. Quiz and/or final exam
2. Description of quiz/exam procedure, including:
 - a. Who is responsible for administering the quiz/exam
 - b. Qualifications of the person administering the quiz/exam
 - c. Method of administration (i.e. online)
 - d. Exam location specifications
 - e. Documentation (SOPs/training materials/instructions) provided to person(s) administering the quiz/exam
 - f. Auditing procedures by company of person(s) administering the quiz/exam
3. Description of evaluation/grading criteria, including:
 - a. Minimum requirements (i.e. passing score) to demonstrate the learner achieved the desired learning outcomes
 - b. Methodology utilized to determine the minimum requirements
4. Record keeping procedures, including:
 - a. Describing how food handler training curriculum, testing materials and records are maintained in a secure manner
 - b. Ability to demonstrate current Food Employees completion of approved program
 - c. Ability to demonstrate each employee will complete the approved program every three years
 - d. Sample of documentation provided to learner upon successful completion of the approved program (if applicable)

* All records maintained as described in #4 must have the company name, location, and address on each record.



Exam/Quiz	Verify	Office Use Only
Verify with a √ or n/a the following program exam information.	√	√
Chapter/module quizzes will be given		
A final exam will be given		

Section 4 – Language Translations or Program Conversions

All translations or conversions must be an exact representation of the approved program. Please provide documentation verifying that all translations or conversions meet this requirement.

Section 5 – Signatures

A new application is required if any of the following occur:

- 1) Change in ownership
- 2) Adoption of new Food Code by state
- 3) Significant changes in the course by Company
- 4) Food Handler Card Exemption Expires

Applicant’s Signature Page	
<p>Comments:</p>	
<p>Verification: I swear or affirm that all information in this application is true and correct and I fully understand that any deviation from the above without prior permission from the State of New Mexico Environment Department Office may nullify final approval. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation.</p>	
<p>_____</p> <p>Applicant or responsible Representative(s) Signature/Title</p>	<p>_____</p> <p>Date</p>



NMED Use Only	
Comments:	
Signature: _____ Date: _____	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Final reviewer's comments:	
Signature/Title: _____ Date: _____	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Office	Business
District:	Food Handler Card Exemption #:
Field Office:	Date Issued:
Permit # (if applicable):	Expiration Date: