

Certified Food Protection Manager (CFPM) Course



The Certified Food Protection Manager (CFPM) Course and exam—accredited by National Registry of Food Professionals—helps food business managers understand food sanitation and Washington Food Code (RCW 246-215). Upon completion, participants receive a 5-year Food Safety Manager Certificate from the National Registry of Food Safety Professionals and a 5-year Washington Food Worker Card.

Course topics:

- Who is the Person in Charge (PIC)?
- Demonstration of knowledge by the PIC.
- Microbiology basics.
- Prevention of foodborne illness.
- Hygiene and sanitation practices.
- Hazard Analysis Critical Control Point (HACCP) principles.
- Time and temperature relationships.
- How to conduct the Self-Inspection Program (SIP).

Dates

To become certified, you must attend 1 session, stay for the entire class and pass the final exam. Classes are 8 a.m.–6 p.m.

Jan. 24, 2024 March 27, 2024 May 29, 2024 July 24, 2024 Sept. 25, 2024 Nov. 13, 2024

Registration

Complete the application on the back of this page. Submit with payment to Tacoma-Pierce County Health Department. Application and payment must be received before the class date. Register as early as possible to secure a spot.

Cost

\$163 (non-refundable)

Location

Classes are held in the auditorium at Tacoma-Pierce County Health Department, 3629 S. D St., Tacoma, WA 98418. Parking is available in our parking lot and on adjacent streets. Do not park in the Sound View Medical Building parking lot—you will be towed.

Materials

Pick up course materials from the Health Department 2 weeks before class. Study the materials and bring them with you.

Questions

Contact Amanda Peters at apeters@tpchd.org or (253) 649-1705 or Sydney Rose at srose@tpchd.org or (253) 649-1760 for help.

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FOR OFFICE USE ONLY

Preferred Test Language

- English Spanish Korean
 Traditional Chinese Simplified Chinese

Applicant

Name _____
Job Title _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ Birthdate _____
Email _____

Business

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

Session

If your session is cancelled for any reason, we will notify you and transfer your registration to the next session.

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8 a.m.–6 p.m. 8 a.m.–6 p.m. 8 a.m.–6 p.m. 8 a.m.–6 p.m. 8 a.m.–6 p.m. 8 a.m.–6 p.m.

Payment

Application and payment must be received before the class date. Enclose \$163 check payable to:

Tacoma-Pierce County Health Department
3629 South D Street, MS 1059
Tacoma, WA 98418

Questions

Contact Amanda Peters at apeters@tpchd.org or (253) 649-1705 or Sydney Rose at srose@tpchd.org or (253) 649-1760 for help.

Information submitted is subject to Public Records Act, Chapter 42.56 RCW