Canadian Food Safety Group

TAP™ Course & Exam Delivery Proctor Application

Any person whom requests to deliver the SafeCheck™ course or Certification Exam must complete this form.

People who are eligible include, but are not limited to: health department officials, human resource professionals, registered teachers, food safety managers/supervisors, individuals who have successfully completed a recognized Food Safety Manager Level Certification Exam.

Print the information below. Sign and return the completed form, together with:

- ✓ Documentation supporting your eligibility, (i.e., verification of employment and position on organization letterhead), and the photo identification.
- ✓ The Mutual Nondisclosure & Confidentiality Agreement
- ✓ Exam Delivery Policy & Instructions form

CFS Group Training & Exam Administration #70, 5251 – 48 th Ave SE, Calgary AB, T2B 3S2 FAX: 403.236.3767 or 888.223.8551 Email:	tra <mark>ining@ca</mark> nadia	anfoodsafety.com
Last Name	First Name	=
Address		Unit #
City Province	F	Postal Code
Phone Number	Fax Number	XO.
Email Student Name	Company	
I acknowledge that I meet the requirements to administe read and understood CFS Group Exam Delivery Policy & rules and procedures at all times. I understand that CFS privileges for any reason.	Instructions. I ag	ree to abide by these security
Signature	Date:	
SafeCheck™	Systems	CFS Office Use Only Date Received: Date Approved: ID Number: