

ODH Food Safety Training Certificate Request Form

Full Name _____

Phone Number _____

Email Address (required) _____

Date that class was completed _____

Was CCBH the Trainer for this Class Yes No

Reason for request:

I never received a certificate I lost my certificate

Please attach an electronic version (word, pdf, etc.) of this form to your email and submit to:

blahood@ccbh.net

If submitting your request by regular mail, please send it to: **CCBH**

Attn: Brooke Lahood

5550 Venture Dr.

Parma, OH 44130

****Please allow 2 weeks for processing**