

DSHS CERTIFICATION RENEWAL NOMINATION FORM



Texas Department of State Health Services

Public Sanitation and Retail Food Safety Unit

Local health jurisdictions training officers that have been standardized by DSHS may request re-standardization of their training officer. Each jurisdiction is limited to having only one training officer standardized by the Texas Department of State Health Services. The training officer must complete this form and return it to the Texas Department of State Health Services, Public Sanitation & Retail Food Safety Group, P.O. Box 149347, Mail Code 1987, Austin, TX 78714-9347 or FAX (512) 834-6683 or EMAIL jason.guzman@dshs.texas.gov

APPLICANT INFORMATION

Candidate's Name: (Certificate Name...Please Print)		Title:	
Agency:		Dates of Service:	
Office Telephone Number:		Office Email Address:	
Mobile Telephone Number:		Office Fax Number:	
Office Mailing Address:	City:	State:	Zip:

Date DSHS Standardization Issued: _____ Activity Period Documented: _____

Date DSHS Standardization Expires: _____

TO MAINTAIN YOUR STANDARDIZATION Each DSHS Standardized Officer is required to complete 20 contact hours of continuing education [AND] annually standardize or re-standardize 2 retail food program inspection personnel using the DSHS Standardization and Certification Procedures Manual [AND] annually develop 5 Risk Control Plans or conduct/coordinate 5 Food Protection Training Courses or a combination of RCPs and Training Courses that equals 5. See Chapter 3, part 4 in the Standardization and Certification Procedures for more detail. **Failure to complete required maintenance activities may result in not being re-standardized.**

PLEASE PROVIDE ANNUAL MAINTENANCE INFORMATION IN CHARTS BELOW:

NEW or RE-STANDARDIZATIONS CONDUCTED:

NAME	AGENCY	DATE COMPLETED	LOCATION

TRAINING COURSES PRESENTED:

DATE	AUDIENCE SIZE/COMPOSITION (REGULATORY/INDUSTRY)	COURSE NAME/LOCATION	LENGTH (HRS)

CORRECTIVE ACTION PLANS DEVELOPED:

DATE	ESTABLISHMENT NAME	RISK FACTOR CONTROLLED	OUTCOME

20 Contact Hours every 36 months after Initial Standardization is completed. (Provide supporting documentation separately.)

CONTINUING EDUCATION:

DATE	TRAINING TITLE	DESCRIPTION	NUMBER OF CONTACT HOURS

SUPERVISOR' SIGNATURE (Confirming request for re-nomination):

NAME (Signature): _____ **DATE:** _____

NAME (Print): _____ **TITLE** (Print): _____

CANDIDATE' SIGNATURE (ANNUAL MAINTENANCE INFORMATION confirmed):

NAME (Signature): _____ **DATE:** _____

NAME (Print): _____ **TITLE** (Print): _____

For Office Use Only:

- CONDUCTED 6 STANDARDIZATION EXERCISES
- JOB RESPONSIBILITIES CONDUCTING FOOD SAFETY TRAINING AND/OR STANDARDIZATION
- 20 CONTACT HOURS OF TRAINING
- CONDUCTED or COORDINATED A MINIMUM OF 15 TRAINING COURSES OR CAP'S OR COMBINATION

COMMENTS:

APPROVED DISAPPROVED SIGNATURE: _____ DATE: _____

ASSIGNED TO: _____ CENTRAL OFFICE REGION # _____