

FOOD SERVICE MANAGERS' CERTIFICATION REGISTRATION FORM



- **Register: 1st Registration**
- **Re-schedule: from (dates)** _____
- **One free Re-test – Date of last exam:** _____

Employer/Business: _____ **Class Dates:** _____

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Email Address: _____ **Date of Birth:** _____

Mailing Address: _____

Work No: _____ **Cell Phone No:** _____

Participants Signature: _____ **Date:** _____

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- Do you have a fever OR symptoms of upper or lower respiratory illness such as a cough, shortness of breath, difficulty breathing Or sore throat: **Circle: Yes or No**
 - Have you traveled internationally within the last month or recently traveled to an area with known local spread of COVID -19? **Circle: Yes or No**
 - Have you come into close contact (within 6 feet) with someone who has had symptoms such as fever, lower respiratory illness, such as cough, shortness of breath, difficulty breathing, or sore throat in the last 14 days? **Circle: Yes or No**

FOR OFFICE USE ONLY

*****TUITION (FORM OF PAYMENT): CASH OR CREDIT CARD ***EXCEPT AMERICAN EXPRESS *****
***** (NON-REFUNDABLE) *****

Cashier Payment Receipt No: _____ **Date Paid:** _____

Staff Signature: _____ **Date Processed:** _____

Class Hours: Monday 8:00 a.m. to 5:00 p.m. (Instructional)
Tuesday 8:00 a.m. to 5:00 p.m. (Instructional & Review)
Wednesday 9:00 a.m. to 12:00 (Exam)

Building 400-MPA (Multipurpose Auditorium) | View GCC Campus Map: www.guamcc.edu/campusmap