



# ServSafe Certified Food Protection Manager Course / Exam

*Given by the Ledge Light Health District and Uncas Health District*

**When:** Monday, January 26, 2026

**Where:** The Place for CommUNITY Wellbeing  
74 Garfield Avenue  
New London, CT

**Time:** 9:00am – 3:00pm

**Cost:** \$175.00 (includes course book & exam)

***Seating is Limited!***  
***Spots will not be Reserved without Registration***

Participants must register with the **Ledge Light Health District** by Tuesday, January 22, 2026, to attend.  
860-448-4882 or [tdo@llhd.org](mailto:tdo@llhd.org)

### Are you compliant?

CERTIFIED FOOD PROTECTION MANAGER (CFPM): Sec. 19a-36h-4. Certified food protection manager and alternate person in charge. (a) Each Class 1, 2, 3, and 4 food establishment shall have a person in charge who meets the requirements of section 2-102.11 of the food code and who is on-site at the food establishment at all times the establishment is operating. **(b) At all times, a class 2, 3 and 4 food establishment is operating, the person in charge shall be a certified food protection manager.**

Exams may be available in other languages upon request at time of registration.  
A translator may be present during the course only.

Please let us know at the time of registration if you need any special accommodations.



**ServSafe Certified Food Protection Manager Course / Exam  
REGISTRATION FORM**

**Monday, January 26, 2026  
The Place for CommUNITY WellBeing  
74 Garfield Avenue, New London, CT 06320**

**The fee for this course is \$175.00  
Please make check payable to: Ledge Light Health District  
or pay online at: [www.llhd.org](http://www.llhd.org)  
Registration for the class is not complete until payment is received.**

**Please complete all information with phone number/email in case of cancellation**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Exam Language (Select One):      English      Spanish      Chinese      Other \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ C/C: \_\_\_\_\_ Invoiced: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Received ServSafe Course Book:     YES     NO

Course book received by (please print name): \_\_\_\_\_