

Food Safety Course – Level 1 Individual Registration Form

Course Date

Date of Course:

Location of Course:

Student Information

First Name Last Name Phone Number Email

Address *(please include box number /apartment number if applicable)* Town/City Postal Code

Place of Employment (if Applicable)

Language Required for **Workbook** Language Required for **Exam**

Payment Information

Credit Card Number Expiry Date 3 Digit Number on Back of Card Name on Credit Card

Do you want your receipt mailed to you? YES NO ****please note – receipts will NOT be emailed**

Registrations will only be accepted when accompanied by payment.

Food Safety Level 1 Course registration fee is \$70.00 per person

You are not registered unless you receive an email confirming your payment and registration from our department. If you have not received a confirmation email within **3 business days**, please check your junk mail or resubmit the registration form.

Method of payments accepted:

- Visa or Master Card (email to local office below) **Moose Jaw Office does not accept credit cards.*
- *Please contact your local office below for other payment options*

Please save, and then submit this form to:

| Office Location | Telephone | Email |
|------------------|--------------------------------------|--|
| La Ronge | 306-425-8512 | healthinspectors@pophealthnorthsask.ca |
| Melfort | 306-752-6310 | publichealth@kthr.sk.ca |
| Moose Jaw | 306-691-2300 | phi@fhhr.ca |
| North Battleford | 1-888-298-0202 | PublicHealthInspection@pnrha.ca |
| Prince Albert | 306-765-6600 | public.health.inspection@paphr.sk.ca |
| Regina | 306-766-7755 | eph.regina@saskhealthauthority.ca |
| Rosetown | 306-882-2672 Ext. 3 then option 3 | hhr.publichealthinspection@saskhealthauthority.ca |
| Saskatoon | 306-655-4605 | PHIOC@saskatoonhealthregion.ca |
| Swift Current | 306-778-5280 | chr.phinspection@saskhealthauthority.ca |
| Weyburn | 306-842-8618 | PubHealthInspection@schr.sk.ca |
| Yorkton | 306-786-0600 | PublicHealthInquiries@shr.sk.ca |