GEORGIA STANDARDIZATION NOMINATION FORM

APPLICANT INFORMATION			
Candidate's Name:		**Candidate's Title:**	
Candidate's Agency:		**Candidates' Manager's Name and Email Address**	
Candidate's Office Address:	**City:**	**State:**	**Zip:**
Standard-Trainer's Name:	**Standard-Trainer's Title:**		
Standard-Trainer's Agency:	**Standard-Trainer's Phone Number:**	**Standard-Trainer's Email Address**	
Standard-Trainer's Office Address:	**City:**	**State:**	**Zip:**

Candidate's background information		
Length of Service with Agency:	**Hire Date:**	**Date Acquired Food Service Responsibilities:**
Present Food Service Duties (please identify the number of inspections conducted per day, month, or year): **List Details or Attach Copies**		
Training – 1) 25 joint inspections and 25 independent inspections, 2) Current Food Safety Manager Certificate, 3) Dates of Pre-Standardization Training or ORAU Retail Food Level 1 Curriculum Certificates, and 4) ORAU Food Code Test**): List Details or Attach Copies**		

Continuing Education: (List hours of education with course titles/dates within the last 2 years)

DISTRICT ENVIRONMENTAL HEALTH DIRECTOR'S SIGNATURE CONFIRMING REQUEST FOR NOMINATION

NAME: (PRINT):_____

NAME: (SIGNATURE):_____ _____ DATE: _____

TITLE: _____