

**ODH Food Safety Training Certificate Request Form**

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Date that class was completed \_\_\_\_\_

Was CCBH the Trainer for this Class Yes  No

Reason for request:

I never received a certificate  I lost my certificate

*Please attach an electronic version (word, pdf, etc.) of this form to your email and submit to:  
[blahood@ccbh.net](mailto:blahood@ccbh.net)*

*If submitting your request by regular mail, please send it to:*      **CCBH**  
**Attn: Brooke Lahood**  
**5550 Venture Dr.**  
**Parma, OH 44130**

***\*\*Please allow 2 weeks for processing***