Thank you for applying for the National Restaurant Association (the Association) Foodservice Management Professional® [FMP®] certification program. The FMP certification program is a formal process that recognizes your professional excellence in the restaurant and foodservice industry. Those who successfully complete the examination and meet all prerequisites are awarded the FMP designation.

To be eligible to apply for certification and to take the comprehensive examination, applicants must meet the following minimum prerequisites:

**Minimum Work Experience.** You must have three (3) years of supervisory experience in a restaurant or foodservice operation. If you hold an associate’s degree or higher in business or hospitality, only two (2) years of restaurant or foodservice supervisory experience are required.

**Specialized Training.** You must have earned a Food Protection Manager certification within a five (5) year period prior to your application date. The examination must meet the intent and scope of the Food Protection Manager Certification Program standards and criteria as established through the Conference for Food Protection (e.g., ServSafe® Food Protection Manager Certification Examination).

Please read the following instructions carefully:

- All applications must be clearly typed or printed with accurate information.
- Do not leave any sections blank. Only completed applications will be accepted.
- Applications are nontransferable. All information will be kept confidential.
- Applicants will be notified of their acceptance to take the examination within two weeks of submitting the application.
- Examinations will be scheduled beginning two weeks following acceptance, and all sections of the examination must be successfully passed within one year of acceptance.

If you have any questions regarding the application, please contact the Service Center at the Association at 800.765.2122, ext. 6703, or in the Chicago area at 312.715.1010, ext. 6703, or direct email to servicecenter@restaurant.org.
Section I  
**Personal Information**  
(Please print or type)

Name ________________________________  
Last/Family  First/Given  Middle  
Title ________________________________  
Organization ________________________________  
Business Address ________________________________  
Number and Street  Suite Number  
City ________________________________  State ________________________________  
ZIP/Postal Code ________________________________  Country ________________________________  
Day Phone Number (   ) ________________________________  Fax Number (   ) ________________________________  
Email Address ________________________________  
Home Address ________________________________  
Number and Street  Apt. Number  
City ________________________________  State ________________________________  
ZIP/Postal Code ________________________________  Country ________________________________  
Preferred Mailing Address: (Please check one)  
☒ Home  ☐ Business

Section II  
**Industry Experience**

Please submit a current résumé and formal job description for each position that fulfills the supervisory experience requirement.

Section III  
**Formal Education**

GED  
Institution Name  City, State  Year Earned

High School  
Institution Name  City, State  Year Graduated or Years

College  
Institution Name  City, State  
Year Graduated or Years Attended  Major and Degree Earned

Graduate  
Institution Name  City, State  
Year Graduated or Years Attended  Major and Degree Earned
Food Protection Manager Certification

Please submit a copy of a current food protection manager certificate. You must have been certified or recertified within the last five (5) years, using an examination that meets the intent and scope of the Food Protection Manager Certification Program standards and criteria as established through the Conference for Food Protection (e.g., ServSafe® Food Protection Manager Certification Examination).

If you acquired your certification through the ServSafe program, please provide your name, date certified and certificate number to expedite the verification of your status.

Name __________________________ Date Certified ________ Certificate Number __________

Section IV
Application and Certification Fees

All applications must include payment for the $150 application and certification fees. Applicants who do not meet eligibility requirements will receive a $100 refund, as there is a $50 nonrefundable processing fee. Please include a check, money order or credit card number with this application.

☐ Enclosed is my $150 check or money order for the application and certification fees.
   (Make check payable to National Restaurant Association Solutions.)

☐ Please bill my credit card for $150 for the application certification fees.

☐ AMERICAN EXPRESS  ☐ MASTERCARD  ☐ VISA  ☐ DISCOVER  ☐ DINERS CLUB

Credit Card Number __________________________ Expiration Date ________

Cardholder’s Name (please print) __________________________
Cardholder’s Signature __________________________
Billing Address ____________________________________________
Number and Street Apt. Number
City __________________________ State ________
ZIP/Postal Code ____________ Country __________________________

To ensure your application is processed, your billing address must match the bill to address associated with your credit card.

Section V
Enrollment Agreement

I certify that all the information provided in this application to the Association is correct. I have read the instructions and conditions provided with this application and agree to the terms stated therein.

I understand that falsified information on this application is grounds for denial of acceptance into the program or certification revocation and bars me from future certification. I submit that National Restaurant Association may validate and verify any information contained on this application. Finally, I release the Association from any liability for damages resulting from the use to which I or any agency or institution puts the certification.

Name (please print) __________________________ Signature __________________________ Date ________

Please return completed application with required documentation to:

National Restaurant Association
Attn: Service Center
175 West Jackson Boulevard, Suite 1500
Chicago, IL 60604-2814

The Association is dedicated to building a professional workforce that meets the needs of the restaurant and foodservice industry through education, training and recognition. National Restaurant Association is the only organization offering products and services that provide a lifelong path for learning—beginning at the high school level and extending beyond management level.