

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF FOOD, DRUGS AND DAIRIES

## PERMISSION TO TAKE EXAMINATION

**This form must be used by an individual to schedule an exam with the Department or other approved class (i.e., individual took course and was not able to sit for scheduled exam or online courses). This form must be completed and signed by the original course instructor.**

\_\_\_\_\_ successfully completed the  
(Student's Name - Please PRINT)

Food Service Sanitation Manager Certification (FSSMC) course on \_\_\_\_\_  
Date Course Completed)

and is eligible to take the manager certification examination.

\_\_\_\_\_  
(Instructor Signature. Please keep copy for your records.)

\_\_\_\_\_  
(Print Instructor Name)

\_\_\_\_\_  
(Instructor ID Number)

\_\_\_\_\_  
(Daytime Phone Number)

ATTENTION Exam Monitor - For verification of the authenticity of this document contact the instructor listed above or the regional office. The original copy of this form **must** be submitted with the examination packet.