FoodSHAP®

Food Safety & Hygiene Academy of the Philippines

WINNER CIEH AWARDS 2016 Organisation of the Year Award Private Sector
Recognising excellence

FoodSHAP® RETAKE NOTIFICATION FORM

NAME:	DATE:
STUDENT NUMBER:	CONTACT NUMBER

This is to notify the FoodSHAP® Authorized Course Provider and request for a retake slot in the following exam:

(Kindly check the course and type of examination you need to retake)

☐ **FoodSHAP® Basic Food Safety for Food Handlers**
Written Multiple Choice Exam

☐ **FoodSHAP® HACCP Principle and Practice**
Written Multiple Choice Exam

☐ **FoodSHAP® Food Safety Compliance Officer**
Written Multiple Choice Exam
Take Home Kitchen Inspection

Terms and Conditions:

- To confirm a slot for exam retake, students must fill out this notification form and send it to Authorized Course Provider they have contacted for their training 7 days prior to the scheduled examination.
- If a student likes to take the exam with another provider, student may contact FoodSHAP® for a list of of Authorized Course Provider
- Students must received a confirmation email with this form attached and the "Provider Section" filled out by the Authorized Course Provider as aproof to enter the examination. Students must show a printed copy.
- Late or no retake notification may result in not allowing the student to retake the examination.
- Students must bring a valid ID during examination

To be filled out by ACP

Exam to be taken	No. of Retake	Date and Time

Disclaimer: Time and schedule may be changed due to invigilator circumtances, prior contact with the Authorized Course Provider is advised before going to the exam venue.

I'm signing this notification to confirm that I have read, accepted and agreed to the above terms and conditios and all what came in it.

_____

Student's Signature over Printed Name:

FOR FoodSHAP® Authorized Course Provider Use Only	Authorized Course Provider Name: _____ Authorized Course Provider No. _____ Date Received : _____ This is to certify that _____ will have his/her retake examination for (course) _____ on (date) _____ at (location) _____. *(FoodSHAP® Authorized Course Provider should fill out thie section and return this form to the student atleast 3 days before the examination.)*