

608-310-5000  
OR 608-238-7908  
FAX: 608-238-6330  
WEB: WWW.IDDBA.ORG



636 SCIENCE DRIVE  
MADISON WI 53711-1073  
PO Box 5528  
MADISON WI 53705-0528

---

**IDDBA FOOD SAFETY CERTIFICATION REIMBURSEMENT  
INFORMATION  
(IDDBA RETAIL MEMBERS ONLY)**

To promote food safety certification for members, the International Dairy-Deli-Bakery Association (IDDBA) has developed the Food Safety Certification Reimbursement Program. This IDDBA program will reimburse IDDBA retail members for their cost for food safety certification exams. Eligible employees are supermarket dairy, deli, and bakery managers and associates at store-level who successfully complete a certification exam. The reimbursement funds are allocated on an annual basis (July-June Fiscal Year). Each store group is capped at a maximum reimbursement of \$2,000 per fiscal year. Available dollars are pro-rated among eligible applicants. Once the fund has been depleted, there will be no additional reimbursements made during that fiscal year. Reimbursement will be in the form of a check to the IDDBA member company.

**PROGRAM ELIGIBILITY**

Food safety certification exams from the following organizations:

- Prometric, [www.prometric.com/foodsafety/CPFM.htm](http://www.prometric.com/foodsafety/CPFM.htm) (Certified Professional Food Manager)
- National Registry of Food Safety Professionals, [www.nrfsp.com](http://www.nrfsp.com) (Food Safety Manager Certification or FMI-SuperSafeMark®)
- National Restaurant Association Educational Foundation, [www.nraef.org](http://www.nraef.org) (ServSafe® Food Protection Manager Certification)

**EMPLOYEE ELIGIBILITY**

**Only current IDDBA-member retail companies are eligible.** To check your member status, go to [www.iddba.org/certprogram.htm](http://www.iddba.org/certprogram.htm) and check the member list. Within the company, only store-level dairy, deli, or bakery department managers or associates are eligible for certification reimbursement.

**REIMBURSEMENT**

Amount: 100% of the retailer's cost for eligible food safety certification exams per certified employee, at a maximum limit of the testing company's published cost of the exam.

Each store group is capped at a maximum reimbursement of \$2,000 per fiscal year.

**Expenses not included are training, materials, labor hours, meals, travel, in-store trainer salaries, etc., nor do we cover recertification.**

**Reimbursement will be distributed proportionally among eligible applicants.**

Required: Copy of invoice for payment of exam for each employee.  
Copy of certification certificate awarded to each employee or pass list on testing company letterhead.  
Name, store address, and home address for each certified employee. You must include the specific store name and title for each employee.

Incomplete applications will not be considered.

**AWARD TIMES**

<b>Employees certified from:</b>	<b>Submit application by:</b>	<b>Reimbursement distribution in:</b>
September 1 through October 31	December 1	December
November 1 through December 31	February 1	February
January 1 through February 28	April 1	April
March 1 through April 30	June 1	June
May 1 through June 30	August 1	August
July 1 through August 31	October 1	October

IDDBA reserves the right to determine what costs will be reimbursed and to what extent.

**APPLICATIONS**

Go to IDDBA's Web site, [www.iddba.org/certprogram.htm](http://www.iddba.org/certprogram.htm), or call Karen at IDDBA, 608-310-5000.

IDDBA's financial support of the training and certification process does not imply endorsement or guarantee of the training, materials, and/or performance of anyone trained using these programs.

608-310-5000  
OR 608-238-7908  
FAX: 608-238-6330  
WEB: WWW.IDDBA.ORG



636 SCIENCE DRIVE  
MADISON WI 53711-1073  
PO Box 5528  
MADISON WI 53705-0528

**IDDBA FOOD SAFETY CERTIFICATION REIMBURSEMENT  
APPLICATION  
(IDDBA RETAIL MEMBERS ONLY)**

This form should be filled in by the person responsible for Food Safety Certification at your company. Please be sure to fill out Roster of Employees and attach a copy of the invoice(s) and certification certificate or testing company pass list for each eligible employee (store-level dairy, deli, or bakery manager or associate). See Information page for approved exams. **You must include the specific store name and title for each employee.** The reimbursement funds are allocated on an annual basis (July-June Fiscal Year). Each store group is capped at a maximum reimbursement of \$2,000 per fiscal year. Available dollars are pro-rated among eligible applicants. Once the fund has been depleted, there will be no additional reimbursements made during that fiscal year.

**CONTACT PERSON: (Please print; incomplete applications and attachments will not be considered)**

Yes, my company is an IDDBA member.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**POTENTIAL REIMBURSEMENT AMOUNT:**

IDDBA may reimburse retailers up to 100% of their certification exam cost per certified employee, with a maximum limit of the testing company's published cost of the exam. This cost solely includes the exam to achieve food safety certification. It does not include costs for training, materials, labor hours, travel, meals, in-house trainer salaries, etc., nor does it cover re-certification. IDDBA reserves the right to determine what costs will be reimbursed and to what extent.

**REIMBURSEMENT:**

Reimbursement check should be sent to:  Check here if same as above.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Where did you find out about the IDDBA Food Safety Certification Reimbursement Program?

\_\_\_\_\_

IDDBA's financial support of the training and certification process does not imply endorsement or guarantee of the training, materials, testing and/or performance of anyone trained using these programs.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**Return this form and attachments to: Karen Peckham, IDDBA, P.O. Box 5528, Madison, WI 53705-0528  
(ROSTER OF EMPLOYEES MUST BE INCLUDED WITH APPLICATION)**

## ROSTER OF EMPLOYEES FOR IDDBA FOOD SAFETY CERTIFICATION REIMBURSEMENT PROGRAM

Food safety certification exam must be from one of these companies. Indicate which testing program you used: (check one)

Prometric     
  Natl. Registry of Food Safety Professionals     
  ServSafe® Food Protection Manager Certification (NRAEF)

**Please print or type. You must include the specific store name and title for each employee.**

Employee Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_  
 Store Name \_\_\_\_\_ Store # \_\_\_\_\_ Store Phone \_\_\_\_\_  
 Store Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Employee's Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Date of Training (if applicable) \_\_\_\_\_ Date of Test \_\_\_\_\_  
 REQUIRED:  Copy of Invoice Attached     Copy of Certificate Attached

Employee Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_  
 Store Name \_\_\_\_\_ Store # \_\_\_\_\_ Store Phone \_\_\_\_\_  
 Store Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Employee's Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Date of Training (if applicable) \_\_\_\_\_ Date of Test \_\_\_\_\_  
 REQUIRED:  Copy of Invoice Attached     Copy of Certificate Attached

Employee Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_  
 Store Name \_\_\_\_\_ Store # \_\_\_\_\_ Store Phone \_\_\_\_\_  
 Store Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Employee's Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Date of Training (if applicable) \_\_\_\_\_ Date of Test \_\_\_\_\_  
 REQUIRED:  Copy of Invoice Attached     Copy of Certificate Attached

Employee Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_  
 Store Name \_\_\_\_\_ Store # \_\_\_\_\_ Store Phone \_\_\_\_\_  
 Store Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Employee's Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Date of Training (if applicable) \_\_\_\_\_ Date of Test \_\_\_\_\_  
 REQUIRED:  Copy of Invoice Attached     Copy of Certificate Attached

IDDBA's financial support of the certification process does not imply endorsement or guarantee of the training, materials, and/or performance of anyone trained using these programs.

I certify, under penalty of law, that the above information is correct and all applicants are supermarket dairy, deli, or bakery department managers or associates.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date