

**SKIN COURSE FOR BODY ARTISTS- 2018 SCHEDULE**

**PRESENTED BY**

**RUTH JONES BSN, RN, BC, CP-FS  
QUINCY HEALTH DEPARTMENT**

**DATES:**

**Jan.10, Feb.14, March 14, April 11, May 9, June 13, July 11, Aug.8,  
Sept.12, Oct.10, Nov.14, Dec. 12.**

**TIME: 9AM. -1:00 PM. Bring pen / pencil and picture ID.**

**LOCATION: QUINCY HEALTH DEPARTMENT  
440 EAST SQUANTUM ST.  
QUINCY, MA. 02171**

**TO REGISTER: Call the Quincy Health Department at 617-376-1274 or 1275. Once registered you must mail in a money order and registration as instructed below. Registration is not complete until we receive your payment. Payment and form must be received within one week from registering on the phone or your name will be removed from the list.**

**Mail in registration: Complete form below and mail with a money order (no personal checks accepted) for \$100.00 to:**

**Quincy Health Department  
C/O Ruth Jones  
440 East Squantum St.  
Quincy, Ma. 02171**

**FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE.**

**Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Company Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_**

**Address: \_\_\_\_\_ Date of Class: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_**

**QUINCY HEALTH DEPARTMENT**

**2018**

**(ONE DAY) CERTIFIED FOOD SAFETY MANAGER COURSES**

**Instructor: Ruth Jones BSN, RN, BC, CP-FS**

**Registered Trainer NEHA**

**Dates offered: Jan.17, March 21, May 16, July 18, Sept.19, Nov. 21,**

**Location: Quincy Health Department**

**440 East Squantum St.**

**Quincy, MA 02171**

**One- day format includes book, class instruction and exam for \$135.00(non-refundable). Exam is available in various languages upon prior request. Class is held 9:00am - 5:00 PM. Bring a picture ID.**

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**Mail in registration: Complete form below and mail with a money order for \$135.00 to: Quincy Health Department -C/O Ruth Jones  
440 East Squantum St.  
Quincy MA. 02171**

**Students will receive book upon receipt of payment. Make money order payable to The City of Quincy. FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE.**

***Exam is accredited by the Conference for Food Protection-American National Standards Institute, and is provided by the National Registry of Food Safety Professionals (NRFSP).***

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**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date of Class:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_