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,

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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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).

Name: ___________________________ Phone: ___________________________

Company Name: ___________________________ E-Mail: ___________________________

Address: ___________________________ Date of Class: ___________________________

City: ___________________________ State: _______ ZIP: ___________________________