

# ServSafe Alcohol® Instructor Recertification Application



Please submit completed application via:

**Mail:** National Restaurant Association Solutions (NRA Solutions)  
Attn: NRA Solutions Exam Administration Department  
233 S. Wacker Drive, Ste 3600  
Chicago, IL 60606-6383

**Fax:** 866.665.9570 (toll free)

**Email:** [courseadminfax@restaurant.org](mailto:courseadminfax@restaurant.org)

**Completed and signed Applications will be processed within three (3) to five (5) business days.**

**Incomplete and/or unsigned Applications will not be processed.**

## PLEASE PRINT CLEARLY

### Section 1: Instructor Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Most Recent ServSafe Alcohol® Exam Date \_\_\_\_\_

ServSafe.com User I.D. \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employed by (Organization Name) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email\* \_\_\_\_\_

**\*All communication for Instructor Recertification is done via email. Make sure the email address you provide accepts incoming outside email.**

## Section 2: ServSafe Alcohol® Performance Agreement

*This performance agreement is intended to ensure consistent and high quality delivery of the ServSafe Alcohol® training program and to ensure compliance with the procedures related to the Exam. Please read the following expectations carefully. **By initialing the lines next to each statement, you are committing to the National Restaurant Association Solutions (NRA Solutions) that you will follow these standards as an Approved ServSafe Alcohol Instructor and/or Registered ServSafe Alcohol Online Exam Proctor.***

### Whenever performing in the role of an Instructor and/or Proctor:

\_\_\_\_\_ I agree to use the most current version of ServSafe Alcohol materials published by NRA Solutions, and remain current when notified of updates in the course materials. These materials include that each participant receives a new copy of the *Fundamentals of Responsible Alcohol Service* to refer to in preparation for the certification Exam. I agree and understand that NRA Solutions may communicate updates, changes, and other information to me by electronic mail, U.S. mail, or other means.

\_\_\_\_\_ When delivering the ServSafe Alcohol training program that is called “ServSafe®”, I agree to use any available ServSafe Alcohol instructional materials, media, and methods in the delivery of the program.

\_\_\_\_\_ I will abide by all copyright guidelines set forth in NRA Solutions materials. I will only reproduce or alter NRA Solutions materials which explicitly state can be duplicated or altered and for which I have received written permission from NRA Solutions. I will not portray NRA Solutions content or materials with my own logo.

\_\_\_\_\_ I am aware of and will follow the policies established by NRA Solutions that ensure the confidentiality of the Exam contents and of secure Exam administration. These Exam policies and procedures are outlined in the *ServSafe Alcohol Exam Administration Handbook*. I have read the *Handbook* and understand the penalties for violating the standards.

\_\_\_\_\_ I will comply with the procedures regarding handling any breaches of security that might occur before, during, and after an Exam and understand that NRA Solutions will investigate any allegations of Exam security violations.

\_\_\_\_\_ I will not administer the Exam to anyone which may result in a conflict of interest.

\_\_\_\_\_ I will not review nor reveal the contents of any ServSafe Alcohol Exam at any time, nor will I duplicate the Exam via copying, downloading, publishing, or transcribing the Exam for any and all purposes without the express written permission of NRA Solutions.

\_\_\_\_\_ I understand that I am responsible for conducting classes and/or administering the Exam in accordance with guidelines set by the local regulatory agency. *(Please check with your local regulatory agency regarding the training and Exam administration requirements for your area.)* Additionally, I will comply with all current policies implemented by NRA Solutions.

\_\_\_\_\_ I understand that NRA Solutions has the right to audit any courses I instruct and/or exams I administer for quality assurance purposes with or without any advance notice to me.

\_\_\_\_\_ I am aware that the penalties for violating standards (provided in the ServSafe Alcohol Exam Administration Handbook or this Performance Agreement) may include, but are not limited to: warning, probation, and temporary suspension of course instruction and/or proctoring privileges, revocation of course instruction and/or proctoring privileges at will, civil or criminal action, other action NRA Solutions considers appropriate.

\_\_\_\_\_ I understand that NRA Solutions may notify third parties of penalty actions, with or without prior notice to me. These parties include: educational institutions, government, health and regulatory agencies, employers, law enforcement agencies.

\_\_\_\_\_ I understand that information concerning my status as a ServSafe Alcohol® Registered Instructor and/ or Online Exam Proctor may be shared with NRA Solutions affiliates, transferees and assignees.

**Confidentiality**

\_\_\_\_\_ I understand that score reports are considered privileged and strictly confidential information. The only individuals authorized by NRA Solutions to distribute scores and certificates to examinees are as follows: NRA Solutions or its designee, the examinees' registered Instructor/Online Proctor, the examinees' employer, appropriate regulatory agencies.

\_\_\_\_\_ I agree to maintain score reports in strictest confidentiality and will not divulge the score of any candidate to anyone other than the candidate, the representative of the sponsoring organization, or a regulatory agency official in the jurisdiction of the individual candidate. I understand that I may be held liable for damages resulting from any breach of this obligation.

\_\_\_\_\_ I understand that all information gathered on examinees requiring special arrangements or accommodations in accordance with the Americans with Disabilities Act (ADA) is proprietary and confidential information. This includes information on individuals who assist candidates with special needs. I agree to not disclose to any person other confidential information on examinees needing special accommodations as defined under the ADA.

\_\_\_\_\_ I agree to maintain all information with reference to any candidate with special needs, or any individual assisting a special-needs candidate as strictly confidential and privileged information. I understand that I may be held liable for damages resulting from any breach of this obligation.

\_\_\_\_\_ I agree that this Performance Agreement shall be governed by, construed in accordance with, and enforced solely in the state of Illinois. I agree that any claim or action relating to this Performance Agreement shall be commenced exclusively in an appropriate court in the state of Illinois, and I hereby waive any objection to personal jurisdiction that I may otherwise have.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Date

\_\_\_\_\_ Signature (Written signature required)