

## ServSafe Alcohol Instructor Application

Please submit completed application with appropriate documentation to the NRAEF Certification Department by:

- Email: [courseadminfax@restaurant.org](mailto:courseadminfax@restaurant.org)
- Mail: NRAEF Certification Department, 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383
- Fax: 866.665.9570 (toll free)

Completed Applications submitted with credit card payments will be processed within 3 business days.  
Completed Applications submitted with checks will take a minimum of 7 business days.

**Unsigned, incomplete forms, or forms submitted without payment will not be processed. You will be notified once via email requesting incomplete documents. Incomplete applications will be returned.**

**PLEASE PRINT CLEARLY.**

### Section 1: Applicant Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Email \* \_\_\_\_\_

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

SSN Last Four Digits (Utah Only): \_\_\_\_\_

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

If approved as a *ServSafe Alcohol Instructor* would you like to be listed on the NRAEF web site for students to contact? ☐ Yes ☐ No

If yes, please check which contact information you would like listed: (check all that apply)

☐ Email ☐ Phone

**Please check the letter of the statement that best describes your situation.**

1) *Where do you primarily offer responsible alcohol service training?*

- ☐ a. Through my own business
- ☐ b. Through an organization where I am employed
- ☐ c. Through combination of my own business and another company where I am employed

2) *If employed by an organization, what is the type of organization where you are employed? If you are employed at multiple organizations, select the one where you train the most students.*

- ☐ a. School or college as an instructor
- ☐ b. Restaurant or restaurant chain
- ☐ c. School or college as a food/alcohol service provider
- ☐ d. Healthcare facility
- ☐ e. Business or industry dining service
- ☐ f. Public health organization/regulatory agency
- ☐ g. Other not-for-profit organization
- ☐ h. Consulting/training company that provides responsible alcohol training to clients
- ☐ j. Other

## **Section 2: Application Fee**

**There is a \$50\* non-refundable application fee to become an *Approved ServSafe Alcohol Instructor*.**

\* There is a NSF fee of \$30 in addition to the application fee for credit cards that are declined or for checks that are not cleared by the bank due to insufficient funds. Incomplete applications will be returned.

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of card: \_\_\_\_\_

Billing Address (if different from address in Section 1)

Address: \_\_\_\_\_

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

**-OR-**

Check #: \_\_\_\_\_

Coupon Code: \_\_\_\_\_

## **Section 3: Content Knowledge**

- ☐ I have a High School diploma or equivalent (e.g., GED).
- ☐ I have successfully passed the ServSafe Alcohol Examination within the last 3 years.

## **Section 4: Delivery Skills**

**A. You must meet at least one of the following requirements:**

- ☐ I have successfully completed a degree program in Food Beverage Mgmt or Hospitality Mgmt.
- ☐ I have teaching/training experience (i.e. instructor at a school, corporate trainer employed in a Alcohol Beverage Operation).
- ☐ I have alcohol beverage operation experience (i.e. bartender, server, etc...).
- ☐ I am employed by a state or local ABC department, or State Alcohol Beverage Agent.

**B. Professional References (you must provide two that we can contact at this time):**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** Within 2 business days of receipt of this completed form, you will receive an email officially notifying you as an *Approved ServSafe Alcohol Instructor*. Your official *Approved ServSafe Alcohol Instructor Certificate* will arrive via traceable signature-required delivery within 1–7 business days of our receipt of this form.

## ServSafe Alcohol® Instructor and Proctor Performance Agreement

*This performance agreement is intended to ensure consistent and high quality delivery of the ServSafe Alcohol Training program and to ensure compliance to the procedures related to the examination. Please read the following expectations carefully.*

***By signing this agreement with the National Restaurant Association Educational Foundation (NRAEF), you are committing to follow these standards as an Approved ServSafe Alcohol Instructor and/or Registered ServSafe Alcohol Exam Proctor.***

**Please type your initials on the line next to each standard as you agree to abide to it:**

### **When performing in the role of an Approved ServSafe Alcohol Instructor:**

I agree to deliver the ServSafe Alcohol training program in the way it was designed, including showing the instructional videos/DVDs in the recommended sequence and to follow the ServSafe Alcohol Instructor Guide and the supplied agendas.  
\_\_\_\_\_

I agree to use the most current version of ServSafe Alcohol materials published by the NRAEF, 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 will abide by all copyright guidelines set forth in NRAEF materials. I will only reproduce or alter NRAEF materials that are explicitly stated can be duplicated or altered for which I have received written permission from the NRAEF. I will not portray NRAEF content or materials with my own logo.  
\_\_\_\_\_

I will not read the contents of any examination booklet at any time.  
\_\_\_\_\_

### **When performing in the role of an Approved ServSafe Alcohol Instructor and/or Registered ServSafe Alcohol Exam Proctor:**

I will follow the procedures established by the NRAEF that ensure the confidentiality of the examination contents and of examination security procedures. I have read the examination policies and procedures that are outlined in the *ServSafe Alcohol Examination Administration Handbook*.  
\_\_\_\_\_

I will comply with the procedures regarding handling any security violations that might occur surrounding an examination.  
\_\_\_\_\_

I will not administer the examination to anyone which may result in a conflict of interest as outlined in the *ServSafe Alcohol Examination Administration Handbook*.  
\_\_\_\_\_

I understand that the courses that I instruct and/or proctor may be audited at any time for quality assurance purposes, and that the NRAEF has a right to investigate any allegation of a violation of the guidelines.  
\_\_\_\_\_

I understand that the NRAEF reserves the right to revoke my Instructor and/or Proctor registration at will.  
\_\_\_\_\_

I understand that I am responsible for conducting classes and/or administering the examination in accordance with guidelines set by the local regulatory agency. *(Please check with your local alcohol regulatory agency regarding the training and examination administration requirements for your area.)*  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

## Mutual Nondisclosure and Confidentiality Agreement

This Mutual Nondisclosure and Confidentiality Agreement (hereafter "Agreement") is made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by and between the National Restaurant Association Educational Foundation (NRAEF) and \_\_\_\_\_ as follows:

Score reports are considered privileged and strictly confidential information. The only individuals authorized by the NRAEF to distribute scores and certificates to examinees are as follows: the NRAEF or its designee, the examinees' registered Instructor/Proctor, the examinees' employer, appropriate health/regulatory agencies.

Proctors will hold the 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 health department official in the jurisdiction of the individual candidate. The Proctor or NRAEF will be held liable for any breach of this Agreement.

All information gathered on examinees requiring special arrangements or accommodations in accordance with the Americans with Disabilities Act (ADA) will be considered proprietary and confidential information. This includes information on individuals who assist candidates with special needs. The NRAEF shall not disclose to any person other than the class Instructor/Proctor any confidential information on examinees needing special accommodations as defined under the ADA.

The Instructor/Proctor/Organization will treat all information with reference to any candidate with special needs, or any individual assisting a special-needs candidate, as strictly confidential and privileged information. The Instructor/Proctor/Organization will be held liable for any breach of this Agreement.

The NRAEF and the Instructor/Proctor/Organization agree to exercise reasonable diligence in maintaining all confidential information. This Agreement will remain in full force and effect for a period of ten (10) years from the date of signing.

This Agreement shall be governed by, construed in accordance with, and enforced solely in the state of Illinois. Each party agrees any claim or action relating to the Agreement shall be commenced exclusively in an appropriate court in the state of Illinois, and each party waives any objection to personal jurisdiction in such court the party might otherwise have.

The parties agree that this Agreement shall be interpreted and enforced according to the state of Illinois.

The Agreement represents the entire agreement between the parties and supersedes any prior oral or written agreement, understanding or communication on the subject matter. The provisions hereof shall be binding upon and inure to the benefit of the parties and their successors.

### Instructor/Proctor/Organization

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Organization \_\_\_\_\_

### National Restaurant Association Educational Foundation

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_