

Statement of Understanding and Acknowledgement (SOUA)

Directions: The direct supervisor or Environmental Health Director shall provide an electronic or hardcopy of the Certified Environmental Health Professional Initial Certification Manual; Chapters Z, of the Environmental Health Program Manual, DOHM 150-4; Chapter 64E-18, of the Florida Administrative Code, and section 381.0101, Florida Statutes, with this SOUA to the employee. Prior to completing and signing the SOUA, the employee is required to read the provided materials and direct any questions concerning the SOUA to the Certification Program Coordinator prior to signing.

The SOUA must be completed within 10 working days of an employee's start date/position appointment date when accepting responsibilities in Food Protection and/or Onsite Sewage Treatment and Disposal Systems (OSTDS).

I, _____(print employee full name), hereby acknowledge and understand that working in the primary program area of Food Protection and/or Onsite Treatment Disposal Systems (OSTDS) requires certification as a Certified Environmental Health Professional (CEHP) under section 381.0101, Florida Statutes. I may not perform independent inspections in the field, in any primary program area, prior to taking and passing the exam.

____(Initial) I acknowledge that I have received, read, understand, and agree to abide by Chapter Z of the Environmental Health Program Manual, DOHM 150-4; Chapter 64E-18, of the Florida Administrative Code; and section 381.0101, Florida Statutes.

Employee Start Date/Position Appointment Date: ____/____/____.

All specified materials, listed in the Paragraph Above, Were Provided to Employee on ____/____/____.

Name and Title of Person Providing Materials: _____

____(Initial) I understand and acknowledge I must complete the required online or electronic training modules of prerequisite course work for the CEHP credential before I begin any field training and/or field observation.

To be a Certified Environmental Professional in Food Protection. Complete This Section:

____(Initial) I understand and acknowledge I must successfully complete and submit proof of completion of the required trainings: "CEHP: The Missing Piece," TRAIN course ID #1070571, and 34 contact hours of prerequisite course work provided through the Food and Drug Administrations (FDA) Office of Regulatory Affairs University (ORAU).

- The ORAU website may be accessed at (copy and paste address in your web browser): <https://www.fda.gov/Training/ForStateLocalTribalRegulators/ucm119016.htm>
- The TRAIN website is found at (copy and paste address in your web browser): <https://fl.train.org/DesktopShell.aspx>
- You do not need to be a Department of Health Employee to access TRAIN or to create an account.

____(Initial) I understand and acknowledge I must complete the food exam and achieve a passing score of 70 percent or better.

____(Initial) I understand and acknowledge I may not perform independent inspections in the field, in Food Protection, prior to taking and passing the exam.

To be a Certified Environmental Professional in OSTDS. Complete This Section:

____(Initial) I understand and acknowledge I must successfully complete and submit proof of completion of the required prerequisite training: "CEHP: The Missing Piece", TRAIN course ID#1070571.

- The TRAIN website is found at (copy and paste address in your web browser):
<https://fl.train.org/DesktopShell.aspx>
- You do not need to be a Department of Health Employee to access TRAIN or to create an account.

____(Initial) I understand and acknowledge upon completion of the required prerequisite training specified above, I must attend the week-long Accelerated Certification Training (ACT) course in OSTDS, which also includes a series of OSTDS certification exams, and receive a passing score of 70 percent or better on each exam.

____(Initial) I understand and acknowledge I may not perform independent inspections in the field, in OSTDS, prior to taking and passing the exam.

For All Primary Program Areas:

____(Initial) I understand and acknowledge that failure on my part to perform and meet these standards will result in disciplinary action cited in Rule 64E-18.007, of the Florida Administrative Code.

____(Initial) I understand and acknowledge at a minimum, I must complete all required prerequisite trainings and courses, successfully pass any required field assessments, and pass the required exams within six months of my first day of employment or starting a position with responsibilities in a primary program area.

By signing below, I certify that I have read this agreement, I know and understand the meaning and intent of this agreement. Any questions concerning the above policies, statutory requirements, and rules have been discussed with the Certification Program Manager. My signature also certifies my agreement to uphold the above policies and rules.

_____ Employee Name (Please Print)	_____ Date
_____ <i>Employee Signature (Please Sign)</i>	_____ Date
_____ Direct Supervisor Name (Please Print)	_____ Date
_____ <i>Direct Supervisor Signature (Please Sign)</i>	_____ Date

Employer Name _____

or Florida Department of Health, in _____ County

Note: An original hard copy or scanned electronic copy of the original SOUA shall be sent to the Certification Program Manager in the Facility Programs Section of the Bureau of Environmental Health, within two working days of the employee signature date.