

# Mushroom Identification / Food Safety Certification

Provided by the Minnesota Mycological Society

Instructors: MMS Board Members

## **Mushroom Foragers and Food Service – Safe Identification for Commercial Sale of Wild Foraged Mushrooms**

In accordance with the Minnesota Food Code 4626.0155: Mushroom Foragers wishing to sell their Wild Foraged Mushrooms to Commercial Establishments **must have** successfully completed a course in: Mushroom Identification, Traceability and Safe Food Handling and provide documentation (letter or certificate) of course completion from a Mycological Society or Academic Institute to the Minnesota Department of Agriculture (MDA)

The following mushrooms will be included for identification/certification:

Lobster Fungus	<b>Hypomyces lactiflorum</b>
Hedgehog	<b>Hydnum repandum</b>
Heridium species (many common names)	<b>Heridium americanum, coralloides and erinaceus</b>
Giant Puffball	<b>Calvatia gigantia</b>
Hen of the Woods, Sheephead or Maitake	<b>Grifola frondosa</b>

Additional Topics Covered:

- ✓✓ Basics of mushroom identification
- ✓✓ Collecting, Storage, and transportation
- ✓✓ Edibility concerns
- ✓✓ Mushrooms that may be confused with look-alikes and poisoning issues which may result from consumption

**This 6 hour workshop is being offered July 15th, 2018 (Noon - 6 pm)**

**Registration Fee:** \$70.00 for non-MMS members, \$60 for current MMS members –  
(additional \$10 discount for previous MMS certification class attendees)

**Time: Noon to 6:00 PM**

**Location: Lebanon Hills Visitor Center Discovery Room, Lebanon Hills Regional Park, Eagan  
860 Cliff Road, Eagan, MN 55123**

Payment should be sent with the registration form below. Checks made payable to MMS and write “certification class” in the memo section

Complete the information below and send to:  
Minnesota Mycological Society  
P.O.Box 211444  
Eagan, MN 55121

e-mail questions and inquiries to: John Lamprecht: [jml313@aol.com](mailto:jml313@aol.com)

Because space is limited to 35 attendees, it is important to return this registration as soon as possible.

Name(s): \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

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