

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

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 14th, 2019 (Noon - 6 pm)

Registration Fee: \$80.00 for non-MMS members, \$70 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...there is **no** on-line registration or payment option.

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

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: _____