Dietary Manager Program Application Form

Part 1: Student Information

APPLICANT INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Primary Email Address _____

Mailing Address _____ Floor, Apt _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Select from the options below. If you are unsure, please visit: https://www.cbdmonline.org/get-certified/eligibility

- ☐ I am applying to the dietary manager certification program at Madison College, ANFP Pathway 1 (coursework & field experience)
- ☐ I am applying to the dietary manager certification program at Madison College / ANFP Pathway III (coursework only)
- ☐ I am taking DMC course/s for the sole purpose of earning a certificate of completion at Madison College.

CURRENT EMPLOYMENT

To qualify for the Association of Nutrition & Foodservice Professionals exam, you must be employed in the food service field.

Name of Facility _____

Name of Department _____

Mailing Address _____ Floor, Apt _____

City _____ State _____ Zip Code _____

Current Job Title: _____ Length in Position _____ Years _____ Months

Check one: ☐ Full-time ☐ Part-Time

List of Job Responsibilities

EMPLOYMENT HISTORY

Dates	Position Title	Facility	City, State

EDUCATIONAL INFORMATION (Include High School to Present)

Dates	Institution	Area of Study	Year of Graduation

I hereby certify that the above statements are true to the best of my knowledge. I understand that a false information may disqualify me from the program.

_____ _____

Applicant's Signature Date

Email application to: DMC@MadisonCollege.edu

Dietary Manager Program Application Form

Part 2: Preceptor Information

PRECEPTOR INFORMATION

First Name _____ Last Name _____

Title _____ CDR – Registration # _____

Phone Number _____ Fax Number _____

Email address: _____

Employment status at the facility (Check One): ☐ Full Time ☐ Part Time ☐ Consultant

***A photocopy of the Commission on Dietetic Registration (CDR) card must accompany the application.**

PRECEPTOR AGREEMENT:

- I have reviewed the information in this application, and find it to be accurate to the best of my knowledge.
- I agree to assist the student and to review, evaluate and sign all written projects as long as the student is enrolled in the program.
- I understand that I am responsible for the clinical aspect of the student's experience. I agree to directly supervise at least 25 of the 50 hours in nutrition related experiences.
- I agree to maintain contact with the Program Instructor and / or Director through email correspondence, and/or phone calls on a monthly basis or as needed.
- I certify that I have had a minimum of 2 years dietetic experience post receipt of my registration status.
- I recommend the applicant for admission to the Dietary Manage training program at Madison College.

_____ Preceptor 's Name (Print)

_____ Preceptor's Signature

_____ Date

Preceptor Waiver

FILL THIS OUT IF YOU DO NOT PLAN TO HAVE A PRECEPTOR

☐ I DO NOT HAVE A PRECEPTOR FOR THIS COURSE. I fully understand that by checking this box, I am not completing the required field work to qualify for ANFP Pathway I.

Student Name (Print) _____

Student Signature _____ Date _____

Email application to: DMC@MadisonCollege.edu

MADISON AREA TECHNICAL COLLEGE

Dietary Manager Program Application Form

Part 3: Food Service Director

Foodservice Director Information

First Name _____ Last Name _____

Name of Facility _____

Name of Department _____

Mailing Address _____ Floor, Apt _____

City _____ State _____ Zip Code _____

INCLUDE CURRENT COPY OF CDR CARDS AND CDM CARDS FOR PRECEPTOR AND TRAINERS

Directions: Check off the proper certification and please print the Foodservice Director's Name and ID number

☐ CDM ☐ CFPP ☐ DTR ☐ RDN

First Name: _____ Last Name: _____ ID #: _____

Type of Facility (check one)

- ☐ Acute Care Hospital
- ☐ Psychiatric Hospital
- ☐ Long-Term
- ☐ Home for Handicapped
- ☐ Other (please specify) _____

Facility is currently accredited/approved (check one)

- ☐ Joint Commission on Accreditation of Healthcare Organizations
- ☐ (JCAHO) Title VXIII
- ☐ Title XIX
- ☐ Other (please specify) _____

Date of last accreditation: _____

1. Number of staff in food service department: _____ Number of Beds: _____
2. Is this facility used for other allied health educational programs? ☐ Yes ☐ No
   If yes, please list: _____

_____ Director's Name (Print)

_____ Director's Signature

_____ Date

Food service Director Waiver

FILL THIS OUT IF YOU DO NOT PLAN TO HAVE A FOOD SERVICE DIRECTOR

☐ I DO NOT HAVE A DIETARY MANAGER FOR THIS COURSE. I fully understand that by checking this box, I am not completing the required field work to qualify for ANFP Pathway I.

Student Name (Print) _____

Student Signature _____ Date _____

Email completed application to: DMC@MadisonCollege.edu.