

**DIETARY MANAGERS PROGRAM
APPLICATION FOR ADMISSION**

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

HOME PHONE NUMBER _____ CELL NUMBER _____

EDUCATIONAL BACKGROUND:

Highest level of schooling attained _____

Training schools or other related courses attended _____

EXPERIENCE BACKGROUND:

Current place of employment _____ Phone # _____

Address _____ Zip Code _____

Type of Facility _____ Size _____

Present Position Title _____ Years in Present Position _____

Have you ever been suspended, dismissed or expelled from college for disciplinary reasons? ☐
Yes ☐ No (required)

Employment Status: ☐ Employed ☐ Unemployed/How long Unemployed _____

Veteran of U.S. Armed Forces: ☐ Yes ☐ No

Honorable Discharge: ☐ Yes ☐ No

Applying for:

☐ **Pathway I** (no college degree and no prior management experience). Must complete and return SUPERVISING DIETITIAN section on Page 2 of this application along with signed RD card from Supervising Dietician.

☐ **Pathway IIIb** (two years of full-time non-commercial food service management experience). Must complete and return attached CBDM Employment Verification Form

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE SUPERVISING DIETITIAN

I recommend the applicant and agree to act as preceptor. I have read Guidelines for Preceptors and understand my responsibilities to the sponsoring agency, the student, and the instructor, including providing supervision of the student for a minimum of 50 of the 150 required field experience hours. A COPY OF PRECEPTOR'S R.D. CARD MUST ACCOMPANY APPLICATION.

_____ I am an active ADA member and my registration # is _____

I work ☐ full time ☐ part time _____ number of hours per week _____ at this facility.

Supervising Dietitian's Name (PRINT) _____

Supervising Dietitian's Signature _____

Mailing Address _____

_____ Phone Number _____

TO BE COMPLETED BY FACILITY ADMINISTRATOR

I recommend this applicant and agree that he/she will be provided with the opportunity to complete the assigned projects under the guidance of the R.D. preceptor. An agreement has been reached between the administrator and the preceptor who allows the preceptor to provide the student with a minimum of 50 hours of direct supervision related to the completion of the course assignments.

Administrator (Print)

Administrator (Signature)

All applicants will receive written notification concerning their acceptance in the program. Do not send money with this application. All individuals accepted into the program will be billed at the time of acceptance.

RETURN APPLICATION TO: Andrea Dunkirk, Continuing Education Administrator
Preferred: dunkira@sunysuffolk.edu
OR
Suffolk Community College
Continuing Education
1001 Crooked Hill Road
Sagtikos Bldg., Room 101
Brentwood, NY 11717

Continuing Education Administrator

PATHWAY III & V CDM® CREDENTIALING EXAM APPLICATION

AUGUST 2023

CBDM EMPLOYMENT VERIFICATION FORM - Required for Pathways III & V only

REQUIREMENTS: Work experience must be equal to a minimum of two years full-time non-commercial foodservice management work experience for Pathway III and IV or five years full-time non-commercial foodservice management work experience for Pathway V.

- Work experience must be in a non-commercial facility/institution in a management role and include third-party oversight
- **Completed form and corresponding description must be submitted during the online exam application process.** Job title listed below must match title on job description provided by the employer.

First Name _____ Last Name _____ MI _____

Phone Number (_____) _____ E-mail Address _____

Address _____

City _____ State _____ Zip _____

EMPLOYMENT INFORMATION: Employment will be verified for the dates listed below. If at the time of exam registration the work experience or any other eligibility requirements have changed, the exam candidate must meet current eligibility requirements and complete the current Employment Verification Form and exam application.

EMPLOYMENT:

Job Title _____ Dates: from _____ to _____
(mo/day/yr) (mo/day/yr)

Place of Employment _____ Work Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Name of Immediate Supervisor _____ Title _____

EMPLOYMENT VERIFICATION MUST BE COMPLETED BY IMMEDIATE SUPERVISOR OR HUMAN RESOURCES MANAGER

The exam candidate should **not** complete this section. It **must** be completed by the supervisor. All questions must be answered.

Candidate employed for above listed position under supervision by above listed person from _____ to _____
(mo/day/yr) (mo/day/yr)

Do you attest to the accuracy of the employer-provided job description provided by the candidate listed above?

☐ Yes ☐ No

Do you attest that the foodservice management work experience is equivalent to two years of full-time work for Pathway III or five years full-time for Pathway V?

☐ Yes ☐ No

What survey and/or inspection process is completed in the department of employment at the facility listed above? (i.e.: State Health Department, TJC, CMS, etc.) _____

Has candidate performed satisfactorily while employed in the above listed position/job title?

☐ Yes ☐ No

Are you aware of any information which would adversely reflect on the character or competence of this person? If yes, please send your concerns to exam@cbdmonline.org.

☐ Yes ☐ No

I hereby certify that the above information is correct to the best of my knowledge. If I did not supervise the individual for the full dates of employment, I attest that I have verified the accuracy of the job description and employment information provided.

Name of Supervisor or Human Resources Manager (Please Print) _____

Signature of Supervisor or Human Resources Manager _____

Date _____ Work Phone (_____) _____

E-mail Address: _____

Applicant, Please Note: If the required length of relevant work experience is not met by your current employer, please submit other previous work experience by completing/submitting a separate form and corresponding job description for employer.