

STEP 1

Application for Acceptance Child Nutrition (CN) Directors Certification Program

DEADLINE: MAY 4, 2015

Name _____ Birth Date _____ SS# _____
(Last 4-digits only)

Home Address _____ Home Phone _____
District _____ Number of Serving Sites _____
District Address _____ Work Phone _____
Work E-Mail _____



Emergency Contact Information:

Contact Person _____ Phone Number _____

Should I become ill and unable to render decisions regarding my mental care I agree to allow Child Nutrition Staff to make these decisions without incurring any liability.

Signature _____



Check tasks for which you are responsible:

Free & Reduced Applications Menu Planning Procurement
Financial Management Personnel Management Other

Educational Background and Training:

High School

Date of graduation or GED _____ *(Attach copy of diploma, GED certificate or other documentation)*

Post Secondary Training: *(Attach copy of degree, transcript, training certificate or other documentation. For example, attach a copy of your manager certification certificate)*

<u>Training</u>	<u>Hours</u>	<u>Degree</u>	<u>Date Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List most recent professional work experience in foodservice or related field:

<u>Employer</u>	<u>Position</u>	<u>Date Employed</u>
_____	_____	_____
_____	_____	_____

I have read the Arkansas Child Nutrition Directors Certification Program information and I understand that all certification requirements must be completed by October 15, 2016. Completion of the course work by this deadline is my responsibility. The Child Nutrition Unit (CNU) of the Arkansas Department of Education (ADE) will assume no responsibility for monitoring and notifying participants of the time period. If certification requirements are not completed by this deadline, the Child Nutrition Directors Certification Training requirements must be repeated.

I understand that to complete certification requirements, I must attend three (3) Distance Learning classes before October 15, 2016, and complete any projects assigned. I understand that I will not be certified if this requirement is not met; and I will be required to begin the certification process again. I understand Child Nutrition Directors must be certified as stipulated in ADE Rules in ADE Commissioner's Memo IA-05-094.

Additionally, I understand that I must be evaluated and recommended by the school district's superintendent before I can become a Certified Director.

I also understand 12 hours of continuing education is required annually to maintain certification and I am responsible for providing the Child Nutrition Unit of the Arkansas Department of Education with the documentation for these continuing education hours. I understand I will lose my certification if this requirement is not met. If I lose my certification, I will be required to begin the certification process again.

Check One:

Please accept me into the Child Nutrition Directors Certification Program. I meet all of the requirements as described.

Please accept me into the Child Nutrition Directors Certification Program. I have completed Part 1 of the Managers Certification Course AND do understand that I must complete Part 2 of the Managers Certification Course before I can be accepted into the Director's Certification Training Program.

Required Signatures:

(Applicant's Signature)

Date _____

I recommend this applicant for participation in the Child Nutrition Directors Certification Program. I confirm that she/he is functioning as the Director or will be the Director of the Child Nutrition Program.

(Superintendent's Signature)

Date _____

Mail to:

ADE Child Nutrition Unit
2020 West 3rd Street, Suite 404
Little Rock, AR 72205

Attn: Wynona Bryant-Williams, Ph. D.

CN Office Use Only:

Application checked by _____
Application complete _____
Date approved _____
Date contacted for additional information _____
Date notice mailed _____