

Application for Acceptance Child Nutrition (CN) Directors Certification Program

DEADLINE: MAY 4, 2016

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

Home Address _____ Home Phone _____
 _____ Home E-Mail _____

District _____ Address _____

Number of Serving Sites _____ Work Phone _____ Work E-Mail _____

Check tasks for which you are responsible:

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

Educational Background and Training:

- Date of graduation or GED _____ (*Attach copy of diploma, GED certificate or other documentation*)
- Attach statement of experience if required by USDA professional standards
- Attach copies of Managers Part 1 and Part 2 Certificates

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 17, 2017. 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 17, 2017. 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 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.

<p><u>Check One:</u></p> <p><input type="checkbox"/> Please accept me into the Child Nutrition Directors Certification Program. I meet all of the requirements as described.</p> <p><input type="checkbox"/> 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 certified as a Director.</p> <p>Required Signatures:</p> <p>_____ <small>(Applicant's Signature)</small> Date _____</p>	<p>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.</p> <p>_____ <small>(Superintendent's Signature)</small></p> <p>Date _____</p>
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MAIL BY MAY 4, 2016
 Wynona Bryant-Williams, Ph.D.
 Child Nutrition Unit
 2020 West 3rd Street, Suite 404
 Little Rock, AR 72205

CN Office Use Only:

Application checked by _____ Application complete Yes No
 Date approved _____
 Date contacted for additional information _____
 Date notice mailed _____