

NUTRITION & FOODSERVICE PROFESSIONAL
ONLINE TRAINING PROGRAM
STUDENT APPLICATION
PATHWAY III (b)

Student Name: _____

Last First MI

Present Address: _____

Street City State Zip

Telephone: _____

Home Cellular Work

Date of birth: _____ Email: _____

Home Work

Current Employment Information: _____

Present employer

Street City State Zip

Current position Previous position

Work History:

Please list food service or dietary work history during the past 5 years:

Position	Employer	Years worked

Position	Employer	Years worked

Educational History:

High School Diploma
 GED
 International Secondary Educational Degree

Received from: _____

Location (City and State): _____ Graduation date: _____

Have you completed any post-secondary education? Yes No

School name: _____

Location (City and State): _____ Dates attended: _____

Program of study: _____

What are your career goals? _____

How did you hear about the Program?

Online Search
 CSUSB
 Flyer
 Staff/Co-Worker
 Personal Referral
 ANFP Website
 Other (Please state): _____

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The CSUSB College of Extended and Global Education, Nutrition & Foodservice Professional Program is a total of 270 clock hours, which are required to complete the program.

Completion date will be 365 days after start date. An extension of ninety (90) days will be available to students who have completed a minimum of 50% of the program.

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	Cost
Tuition and Fees Payable to CSUSB College of Extended and Global Education	\$3500 (includes Registered Dietitian Preceptor)
	Additional costs (not included in tuition)
Textbooks ordered from ANFP	\$285 (subject to change without notice) Discount offered by ANFP if a member.
ANFP pre-prof. membership (<i>optional</i>)	\$65 (subject to change without notice)
Cost to take CDM exam	\$400 (subject to change without notice)

- I have access to a computer with high speed internet to complete a web-based program.
- I have a minimum of basic computer proficiency to create documents, send email and attach documents.
- I have completed the Field Experience Site and Preceptor Agreement, which is required to complete this program.
- I am ready to begin the program now OR I will be ready to start the program on _____

ACKNOWLEDGEMENT OF ENROLLMENT AGREEMENT

This is a legally binding agreement when signed by the student and accepted by the university. Your signature on this agreement acknowledges that there is not misrepresentation of identity, and you have been given reasonable time to read and understand it. As a student, you will pledge to uphold high standards of academic honor. Please retain a copy of this agreement if submitting by mail or electronically.

My signature below certifies that I have read, understood, and agree to my rights and responsibilities and that the Nutrition and Foodservice Professional Training Program does not allow transfer or refunds.

 Student Signature

 Date

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Student Name: _____

Last
First
MI

TYPE OF FACILITY

- Acute Care Hospital
- Psychiatric Hospital
- Long Term Care Facility
- Home for Disabled
- Other (specify): _____

FACILITY IS CURRENTLY ACCREDITED/APPROVED

- Joint Commission Date _____
- Title XVIII Date _____
- Title XIX Date _____
- CMS and State Dept. Health Date _____

Number of staff in foodservice department _____ Number of beds _____

The CSUSB College of Extended and Global Education tuition payment includes the Registered Dietitian Preceptor oversight needed to complete the course as assignments are submitted online to the Online Registered Dietitian Preceptor. This relieves the healthcare facility of the expense of student management while also ensuring a high-quality educational program with consistent standards for field experience.

The Online Dietitian Preceptor is responsible for supervising the nutrition-related hours. Each student is precepted by a qualified preceptor with no less than one year of post-registration/certification, full-time equivalent employment in a practitioner role.

The Lead Online Registered Dietitian Preceptor for the CSUSB, CEGE Nutrition & Foodservice Professional Online Training Program is:

Janet Montano, RDN CDR# 713269 Janet.montano@nutricopiaonline.com

Program tuition includes 150 hours of Registered Dietitian Preceptor online.

For further information about the Nutrition & Foodservice Professional Online Training Program, please visit <https://www.nfsponline.com>

For assistance with application process or forms:

Please contact: NFSP Program Coordinator

Email: nfspinfo@nutricopiaonline.com

PATHWAY III (b) VERIFICATION FORM

Employment Verification Form – Required for Pathway III (b)

Requirements

Experience must be equal to a minimum of two years full-time foodservice management experience for Pathway III (b).

- Experience must be in a non-commercial facility/institution and include third-party oversight (see supervisor section below).
- Job description must be attached for each. 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.

Employment:

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

Place of Employment _____ Work Phone (____) _____

Address _____

City _____ State _____ Zip _____

Name of Immediate Supervisor _____ Title _____

TO BE COMPLETED BY IMMEDIATE SUPERVISOR:

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

Do you attest to the job description provided by the candidate? [] Yes [] No

Do you attest that the foodservice management work experience is equivalent to two years full-time for Pathway III(b)? [] Yes [] No

What survey and/or inspection process is completed in your department? (i.e.: State Health Department, TJC, CMS)

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Has the candidate performed satisfactorily while under your supervision? [] Yes [] No

Are you aware of any information which would adversely reflect on the character or competence of this person?

[] 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 that information.

Signature of Supervisor _____

Date: _____ Work Phone (_____) _____

Applicant, Please Note: If the required non-commercial foodservice management experience is not met by your current employer, please photocopy this page, provide previous employment experience, have your former employer complete the supervisor section, and submit a corresponding position description.

FOR NFSP ONLINE TRAINING PROGRAM STAFF USE ONLY

Initial _____ Verified work experience by NFSP on _____

Nutrition & Food Service online training program reserves the right to verify information supplied on this page. **Submit this form and job description to NFSPinfo@nutricopiaonline.com.**