

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.