

REQUIREMENTS

Experience must be equal to a minimum of two years full-time foodservice management experience for Pathway III or five years full-time foodservice management experience for Pathway V.

- 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. If at the time of exam registration the employment requirements have changed, the exam candidate must meet current eligibility requirements and complete the current Employment Verification Form.

EMPLOYMENT:

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

Do you attest to the job description provided by candidate?

Yes No

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

Yes No

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

Has 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 ANFP STAFF USE ONLY

Initial _____ Verified work experienced by CBDM on _____



The Certifying Board for Dietary Managers reserves the right to verify information supplied on this page. **Submit this form and job description with the CDM Credentialing Exam Application to info@CBDMonline.org.**