

CDM Credentialing Exam Candidate Agreement to Terms & Conditions

Directions

1. Read the below statement and take all required actions.
2. Sign and date the form. *Typed signatures are not acceptable*
3. Save a copy of the signed form as a pdf file with a file name as follows:
yourname.examagreement.pdf
4. Upload the completed form and submit with your online exam application available on www.CBDMonline.org/register.
 - This form and all other documents required for the eligibility pathway under which you are applying *must* be uploaded during the exam application process in order to advance to the exam fee payment screen.
 - Exam applications will not be reviewed for eligibility approval by CBDM until the exam fee payment is submitted.

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I hereby acknowledge that the receipt and review of this application by the Certifying Board for Dietary Managers (CBDM) does not create any express or implied obligations owed or warranties made to me, nor does such receipt and review of this application by CBDM confer any rights to me with respect to the CDM Credentialing Exam or the Certified Dietary Manager, Certified Food Protection Professional (CDM[®], CFPP[®]) designation. I agree to and shall indemnify, save and hold harmless CBDM and its officers, directors, members, agents, employees, successors and assigns, and each of them, from and against any and all claims, costs and expenses (including legal fees), demands, actions and liability of every kind and/or any failure to act, by one or all of them, now or in the future, in character whatsoever arising directly or indirectly from any action taken, in connection with this application, the CDM Credentialing Exam or the CDM[®], CFPP[®] professional designation. I also acknowledge that exam questions are the copyrighted property of CBDM and cannot be reproduced or repeated. I understand that regulations concerning food safety certification will vary depending on where I work. I acknowledge that it is my own responsibility to verify requirements and acceptance of credentials with all agencies to whom I am accountable. I acknowledge that if I pass the CDM Credentialing Exam and activate my certification as required by CBDM policies, my name and state will be available on the CBDM website as a current credential holder for as long as my certification remains active. I HAVE READ THE INFORMATION IN THE CDM CREDENTIALING EXAM CANDIDATE HANDBOOK AND THE FOREGOING STATEMENT IN ITS ENTIRETY AND I UNDERSTAND AND AGREE TO ABIDE BY ITS TERMS.

Name (please print) _____

Signature _____ Date _____

NOTE: This form *must* be uploaded/submitted with your online exam application.

For questions, please contact info@CBDMonline.org or 800.323.1908, select option 1 (Monday - Friday, 8:00 a.m. - 5:00 p.m. CT).