

SUFFOLK COUNTY COMMUNITY COLLEGE
SELDEN, NEW YORK
DIETARY MANAGERS PROGRAM
APPLICATION FOR ADMISSION

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ HOME PHONE _____

_____ ZIP CODE _____

EMAIL ADDRESS _____

CELL NUMBER _____

EDUCATIONAL BACKGROUND:

Highest level of schooling attained _____

Training schools or other related courses attended _____

EXPERIENCE BACKGROUND:

Current place of employment _____ Phone # _____

Address _____ Zip Code _____

Type of Facility _____ Size _____

Present Position Title _____ Years in Present Position _____

Have you ever been suspended, dismissed or expelled from college for disciplinary reasons?

Yes No (required)

Employment Status: Employed _____ Unemployed _____ How long Unemployed _____

Veteran of U.S. Armed Forces: Yes No

Honorable Discharge: Yes No

Applicant's Signature _____

TO BE COMPLETED BY THE SUPERVISING DIETITIAN

I recommend the applicant and agree to act as preceptor. I have read Guidelines For Preceptors and understand my responsibilities to the sponsoring agency, the student, and the instructor, including providing supervision of the student for a minimum of 50 of the 150 required field experience hours. A COPY OF PRECEPTOR'S R.D. CARD MUST ACCOMPANY APPLICATION.

_____ I am an active ADA member and my registration # is _____

I work full time _____ part time _____ number of hours per week _____ at this facility.

Supervising Dietitian's Name (PRINT) _____

Supervising Dietitian's Signature _____

Mailing Address _____

_____ Phone Number _____

TO BE COMPLETED BY FACILITY ADMINISTRATOR

I recommend this applicant and agree that he/she will be provided with the opportunity to complete the assigned projects under the guidance of the R.D. preceptor. An agreement has been reached between the administrator and the preceptor who allows the preceptor to provide the student with a minimum of 50 hours of direct supervision related to the completion of the course assignments.

Administrator (Print)

Administrator (Signature)

All applicants will receive written notification concerning their acceptance in the program. Do not send money with this application. All individuals accepted into the program will be billed at the time of acceptance.

RETURN APPLICATION TO: Andrea Dunkirk, Continuing Education Administrator
Preferred: dunkira@sunysuffolk.edu
OR
Suffolk Community College
Continuing Education
1001 Crooked Hill Road
Brentwood, NY 11717

Continuing Education Administrator