SUFFOLK COUNTY COMMUNITY COLLEGE

DIETARY MANAGERS PROGRAM

APPLICATION FOR ADMISSION

CONTACT INFORMATION

NAME DATE OF BIRTH EMAIL ADDRESS

HOME ADDRESS CITY STATE ZIP CODE

HOME PHONE NUMBER CELL NUMBER

EDUCATIONAL BACKGROUND:

Highest level of schooling attained

Training schools or other related courses attended

EXPERIENCE BACKGROUND:

Current Employer Phone #

Address City State Zip Code

Type of Facility # of Beds Web Address

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

Applying for:

☐ **Pathway I** (no college degree and no prior management experience). Must complete and return the following:

- Page 1 - Application for Admission
- Page 2 – Application for Admission with SUPERVISING DIETITIAN section on along with signed RD card from Supervising Dietitian
- Page 4 – Form 2.3A – Field Experience (Facility Information Sheet)

☐ **Pathway IIIb** (two years of full-time non-commercial food service management experience). Must complete and return the following:

- Page 1 – Application for Admission
- Page 3 – CBDM Employment Verification Form

Applicant's Signature Date

SUFFOLK
COUNTY COMMUNITY COLLEGE

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
Sagtikos Bldg., Room 101
Brentwood, NY 11717

Continuing Education Administrator

CBDM EMPLOYMENT VERIFICATION FORM

Required for Pathways III, IV, & V Only

REQUIREMENTS:

- **Completed form and corresponding job description must be submitted during the online exam application process.**
- Work experience must be equal to a minimum of two years full-time non-commercial foodservice management work experience for Pathways III and IV; five years for Pathway V.
- Work experience must be in a non-commercial facility/institution in a management role and include third-party oversight.
- Job title listed below must match title on job description provided by the employer

CANDIDATE INFORMATION:

First Name _____ Last Name _____ MI _____

Phone Number (_____) _____ E-mail Address _____

Address _____

City _____ State _____ Zip _____

EMPLOYMENT INFORMATION: Employment will be verified for the dates and position listed below.

Job Title _____ Dates: from _____ to _____

Place of Employment _____ Work Phone (_____) _____

(mo/day/yr) (mo/day/yr)

Address _____

City _____ State _____ Zip _____

Name of Immediate Supervisor _____ Title _____

EMPLOYMENT VERIFICATION

This verification must be signed by the immediate supervisor or human resource manager.

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 title, job description, and all employment information provided.

Name of Supervisor or Human Resources Manager (Please Print) _____

Written or electronic signature of Supervisor or HR 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.

Form 2.3A - Field Experience (Facility Information Sheet)	
Name of RDN Preceptor	
CDR Number	
NDTR Preceptor	
NDTR Number	
Name of CDM, CFPP Preceptor	
CDM, CFPP Number	
Name of Healthcare Foodservice Professional	
Note: Include current copy of CDR, NDTR, & CDM, CFPP verifications for preceptors. Include a current resume for Healthcare Foodservice Professional preceptors.	
Name of Facility	
City, State, Zip	
Type of Facility	☐ Acute Care Hospital ☐ Psychiatric Hospital ☐ Long-term Care Facility ☐ Other, please list:
Facility is currently accredited/approved	☐ The Joint Commission ☐ Title XVIII ☐ Title XIX ☐ Other, please list:
Date of last accreditation	
Good-through date:	
Number of staff in foodservice department	
Number of beds	
Is this facility used for other allied health educational programs?	☐ Yes If Yes, please list: ☐ No

Submit Your Application

Once you have completed all sections of this form (pages 1–4), use the button below to submit it to the Continuing Education office.

IMPORTANT: SAVE this PDF to your device FIRST — then click Submit below.

✉ **Submit Completed Form by Email**

This opens a pre-addressed email in your default mail app.
Attach your saved PDF before sending to dunkira@sunysuffolk.edu.

Prefer to mail or hand-deliver your application instead?

Suffolk County Community College – Continuing Education
1001 Crooked Hill Road, Sagtikos Bldg., Room 101, Brentwood, NY 11717