



Application for Acceptance into
2022 Culinary Directions Child Nutrition Directors Certification Program

First Name: _____ Last Name: _____ DOB: ___/___/___

Work Phone: (____) _____ Work Email: _____

District: _____ District Student Enrollment October 2021: _____

Please select the task(s) that you are responsible for:

____ Child Nutrition Financial Management ____ Free/Reduced Price Meal Eligibility (Applications, Direct Certification)
____ Menu Planning ____ Procurement / Contract Management ____ Personnel Management

Highest Degree Completed:

____ High School Diploma or General Education Diploma (GED)
____ Associate's
____ Bachelor's
____ Master's
____ PhD/EdD

Describe your work experience and how you met the USDA Professional Standards for new Child Nutrition Directors:

Select the one (1) that best describes your situation:

____ I am a certified Child Nutrition Manager. Year certified: ____ (Attach certificate of certification.)
____ I have completed Culinary Directions Part 1 and Part 2 but I am not yet certified as a Manager.
 Year attended Part 1: ____ Year attended Part 2: ____ (Attach certificates of attendance.)
____ I will complete Culinary Directions Part 2 during summer 2022. (Attach certificate of attendance for Part 1.)
____ I am exempt from Culinary Directions Part 1 and Part 2 because I meet the advanced training requirement. (Attach copy of diploma, CDR card, SNS credential card, or other documentation.)

Describe your most recent professional work experience in foodservice (including employer name, job title/position, dates employed).

*NOTE – Application will not be approved without required attachments and signatures.

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This institution is an equal opportunity provider.

READ EACH ATTESTATION AND INITIAL TO CONFIRM

The information provided in the application is true and accurate to the best of my knowledge. I understand that providing inaccurate information could result in the director not being accepted into the Culinary Directions Child Nutrition Director Certification program or in revocation of certification. (_____) applicant initial

I, the applicant, have read the Arkansas Culinary Directions Child Nutrition Director Certification program information, including the Arkansas Rules for Child Nutrition Directors, Managers and Workers – Professional Development. I understand that all certification requirements must be completed by October 1, 20___. Completion of the course work by this deadline is my responsibility. CNU and CNU staff will assume no responsibility for monitoring or notifying participants of the time period. If certification requirements are not completed by this deadline, the Culinary Directions Child Nutrition Director Certification program requirements must be repeated. (_____) applicant initial

I understand that to complete certification requirements, I must complete three (3) digital learning workshops via Zoom before October 20___. I understand that I will not be certified if this requirement is not met, and I will be required to begin the certification process again. I understand Arkansas Child Nutrition Directors must be certified as stipulated in the Rules Governing Certification of CN Directors, Managers and Workers – Professional Development. (_____) applicant initial

I understand that I must be evaluated and recommended by the district superintendent before I can be accepted into the Culinary Directions Child Nutrition Director Certification Program or before I become a Certified Director. (_____) applicant initial

I understand that 12 hours of continuing education is required annually to maintain certification, and I am responsible for providing the CNU with the documentation for these continuing education hours. I understand I will lose my certification if this requirement is not met, and I will be required to begin the certification process again. (_____) applicant initial

Applicate Signature:

Signature Printed Name Initials Date

Superintendents Recommendation:

By signature, I recommend this applicant for acceptance in the Culinary Directions Child Nutrition Director Certification Program. I confirm that he/she is functioning as the Child Nutrition Director or will function as such.

Signature Printed Name Date

Return form to Sheila.Chastain@ade.arkansas.gov.

In the subject line of the email put "Director Certification Application – (Applicant’s Name)"