

DIETARY MANAGER PROGRAM APPLICATION

PART I: STUDENT

Name:		
Address (Street, Apt., Box):		
City:	State:	Zip:
Home Phone:	Work Phone	Fax Number
Email:	DOB:	
How did you learn about the Auburn University Dietary Manager Program?		

CURRENT EMPLOYMENT

Facility Name:	Current Position			
Facility Street Address (Street, Suite, Box):				
City	State	Zip		
Facility Phone:	Facility Fax:	Accredited by:		
Type of Facility (check one):	<input type="checkbox"/> Hospital	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Correctional	<input type="checkbox"/> Other _____

EDUCATION (Circle below the highest level of educational achievement)

High School/GED	8 9 10 11 12 GED	College/University	1 2 3 4 5 Major: _____
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PART II: CLINICAL INSTRUCTOR/PRECEPTOR (see description at www.auburn.edu/dm) Please attach a copy of your registration card

Name:	Position/Title	Years of Experience
Address(Street, Apt, Box)		
City:	State:	Zip:
Business Phone:	Home Phone:	Cell:
Email:	Registration#:	
CDM or DTR Name:	CDM or DTR#:	

PART III: SIGNATURES & ENDORSEMENTS

STUDENT'S SIGNATURE:	CI SIGNATURE:
ADMINISTRATOR'S SIGNATURE:	CDM/DTR (if applicable)

PART IV: METHOD OF PAYMENT (Tuition must accompany this application. Make check payable to Auburn University)

TUITION IS \$421 (textbooks may be ordered directly from the bookstore by calling 800.880.0392, or visiting their website at <http://www.aubookstore.com>) Prices are subject to change.

<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Money Order
Cardholder Name:	Cardholder No.:	CVV:		
Expiration Date:	Authorized Signature:			

SUBMITTING APPLICATION (You may mail, fax or email application)

Mail Application to:	Distance Learning Office, 282 Thach Concourse, Foy Hall, Auburn University, AL 36849
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FOR MORE INFORMATION

Phone: 334.844.3151 or toll free 866.684.5131	Fax: 334.844.3125	Email: audl@auburn.edu
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AUBURN UNIVERSITY PROGRAM DIRECTOR'S AGREEMENT

The Auburn University Program Director agrees to provide oversight of the program content and procedures in order to maintain course quality and facilitate convenient and efficient course processes, to provide consultation to the preceptor (clinical instructor, DTR or CDM) in the performance of the preceptor's student supervision duties, and to provide oversight of the course faculty/ graders to assure appropriate assessment and consistency in the evaluation of student performance.