FACILITY ADMINISTRATOR'S ENDORSEMENT

I recommend____________________________ and agree to this applicant's enrollment
(student)
in the Dietary Manager Independent Study Program. I agree that this facility will:

• Provide a climate for learning and encourage the student.

• Allow the student to complete a minimum of 150 hours of supervised on-the-job experiences
  that are required for the course.

• Permit the student to use the facility to perform on-the-job learning activities.

• Provide additional time for the consulting/supervising dietitian to supervise the student's work-
  related learning experiences. (At least 50 hours of contact between student and dietitian are
  required.)

• Understand that enrollment entitles the student to a maximum of 24 months to satisfactorily
  complete all course requirements including the final examination. The minimum time required
  is six months.

• I understand that no refunds will be granted after the enrollment process is completed.

*Name_____________________________________________________________________________________

*Title _______________________________ Facility

Signature__________________________________ Date_______________________

*This form must be signed by the facility administrator and faxed or emailed to the OPCE Office.
Fax: 334-844-3101 Email: dietmgr@auburn.edu

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