



Dietary Manager Program Application

PART I: STUDENT

Name: _____
Address (Street, Apt, Box): _____
City: _____ State: _____ Zip: _____
Cell 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 Address (Street, Suite, Box): _____
City: _____ State: _____ Zip: _____
Facility Phone: _____ Facility Fax: _____
Accredited by: _____
Type of Facility (check one): Hospital Nursing Home Correctional Other _____

EDUCATION: (Check below the highest level of educational achievement)

High School/GED: 8 9 10 11 12 GED
College/University (years): 1 2 3 4 5 Major: _____

PART II: CLINICAL INSTRUCTOR/PRECEPTOR (see description at www.auburn.edu/dietarymanager)

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

(My signature indicates I have read and acknowledge the agreement printed in this brochure as a student participant, mentor or facility administrator)

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

PART IV: METHOD OF PAYMENT

Tuition amount must accompany this application. Make checks payable to Auburn University.

TUITION: \$550.00 Student Modules included in tuition cost.

TEXTBOOKS: ANFP textbooks; order directly from the Association of Nutrition & Food Service Professionals, phone: 800-323-1908; website: www.ANFPonline.org. Prices are subject to change).

Dietary Manager Program Application

Type of Payment (check one):

Check Visa MasterCard AMEX MoneyOrder

Credit Card Payment Information:

Cardholder Name: _____ Cardholder No.: _____

Expiration Date: _____ Verification # on back of card: _____

APPLICATION MUST BE Mailed Or Faxed

Mail Application to: Office of Professional & Continuing Education
 Attention: Dietary Manager Program
 301 O.D. Smith Hall, 135 South College Street
 Auburn, AL 36849

Fax Application to: 334-844-3101

FOR MORE INFORMATION

Phone: 334-844-5100

Email: dietmgr@auburn.edu

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.

Revised: 1/19/2017