

## 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](http://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#: \_\_\_\_\_

I \_\_\_\_\_, authorize my school (Auburn University) to provide my grade report and evidence of module completion to my Clinical Instructor/Facility Administrator for the purpose of keeping them informed of my progress in the program.

### **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.

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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](http://www.ANFPonline.org). Prices are subject to change).

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](mailto: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: 8/7/2018