



Program Overview:

- Three, 10-week modules: fall, winter, and spring.
- Each module includes 40 hours of classroom training and 50 hours of supervised field experience.
- You must successfully complete all three (3) modules to graduate.
- You may start the program at the beginning of any module.

Classes are held at Passaic County Community College on Tuesday from 5:45 pm to 10:00 pm or at your employer location minimum of 10 students required. The cost is \$385.00 per module (\$1115.00 for the entire program). Books are estimated at \$350.00. Park fee : \$60.00 per year.

Please follow the instructions in the application packet to ensure a seat in the program. If you have any questions, please call James Hornes (973) - 684 -5757 or e-mail: Jhornes@pccc.edu or Faith Kallert (973) – 684 - 5525 or email: FKallert@pccc.edu.

Application Instructions:

1. This program is open to foodservice employees in a hospital or nursing home who have a high school diploma or equivalency certificate (GED).
2. A registered dietitian **must** be available to serve as the applicant's preceptor in the completion of the supervised fieldwork component (full-time, part-time or consultant dietitian in the facility). The registered dietitian must have a **minimum of 2 years dietetic experience** post receipt of his/her registered dietitian status.
3. All parts of the application packet **should be** received by the program **two weeks** prior to the first day of class and must include:
 - A. **Part 1 of Application** (completed by student)
 - B. A photocopy of student's **High School or GED**
 - C. **Part 2 of application** (completed by preceptor)
 - D. A photocopy of the **preceptor's CDR registration card**
 - E. **Part 3 of application** (completed by foodservice director)

e-mail the completed application to: CE@pccc.edu

4. **PAYMENT MUST BE MADE ON OR BEFORE THE FIRST DAY OF CLASS. DO NOT MAIL YOUR PAYMENT.**
5. **Individuals student registrations**
 - In-person payment : **1 College Blvd, Paterson, NJ 07505**
Continuing Education and Workforce Development Memorial Hall, Room 341
 - Upon receipt of registrations, PCCC will contact you directly.
 - Upon contact and registration payment is required within 3 days.
 - Payment may be made by check, major credit cards, money order, or cash.



Department of
Continuing Education &
Workforce Development

Dietary Managers Program Application 2018

6. Company On - Site Training

- All employees must register 2 week prior to class start on link provided by PCCC (Jot Form).
- P.O. issued by company prior to class start.
- Check or money order included with receipt of P.O required 1 week prior to class start.



Frequently Asked Questions

WHAT ARE THE ENTRANCE REQUIREMENTS OF THE PROGRAM?

- Need a High School Diploma or high school equivalency certificate (GED).
- Must be employed in a foodservice department in a health care facility.
- Must have a preceptor in your place of employment that is a Registered Dietitian.

I'VE BEEN WORKING IN HEALTH CARE FOODSERVICE FOR MANY YEARS WHAT CAN THE PROGRAM DO FOR ME? The Program helps you develop skills in all areas of foodservice management. You will get the training needed to be a Foodservice Supervisor in health care.

IS THIS PROGRAM THE SAME AS THE "90 HOUR" AND THE "FOODSERVICE SUPERVISORS" COURSE?

Yes. It is the "90-hour" and the "Foodservice Supervisors" course. The title of Dietary Manager, the professional title given to this level of training by Association of Nutrition and Foodservice Professionals, is interchangeable with the frequently used title of 90-Hour or Foodservice Supervisor.

IS THE PROGRAM APPROVED BY ANY PROFESSIONAL ORGANIZATIONS? Yes.

The Association of Nutrition and Foodservice Professionals (ANFP), a national professional organization, approves the program. Students who successfully complete the program are eligible for membership in this professional organization for Foodservice Supervisors as well as to sit for the national certification exam to become a Certified Dietary Manager (CDM). The names of students enrolled in the program are sent to the ANFP to facilitate student participation in the association. The names of program graduates are sent to the Association of Nutrition and Foodservice Professionals to facilitate registration to take the certification exam. During the second module you will receive training in SERVSAFE, a nationally recognized program on serving safe food developed by the Educational Foundation of the National Restaurant Association. At the end of the module you will take the exam required to receive your ServSafe Certification.

ON WHAT DAY OF THE WEEK DOES THE PROGRAM MEET, AND WHAT ARE THE HOURS?

There are 10 class sessions for each module. Classes are conducted on Tuesday evenings from 5:45 pm to 10:00pm.

HOW LONG WILL IT TAKE TO FINISH THE PROGRAM?

The program is divided into three 10-week modules. You must complete all three (3) modules to graduate.

Classes will start 4 times a year: Summer, Fall, Winter and Spring.

WHAT DO I HAVE TO DO TO SUCCESSFULLY COMPLETE THE PROGRAM?

There are three requirements for graduation:

1. Mandatory class attendance.
2. Completion of the projects as part of your field experience under the guidance of your preceptor.
3. Passing written examinations with a score of at least 70%,
Passing the ServSafe exam with a score of 75%.

Graduates of the program receive a *Certification of Completion* embossed with the seal of Passaic County Community College.

IS THE PROGRAM ELIGIBLE FOR TUITION REIMBURSEMENT FROM MY UNION?

To determine whether you are eligible for tuition reimbursement from your union, contact your union representative or shop steward.



What are the CMS LTC Regulations?

The Centers for Medicare and Medicaid Services (CMS) is the federal agency responsible for administering requirements governing long – term care facilities. October 2016, CMS released a comprehensive update of the regulations to reflect advances in theory and practice of service, delivery, and safety for LTC residents, including a section newly defined as Food and Nutrition Services.

REQUIRED TEXTS

Nutrition Fundamentals and Medical Nutrition Therapy, Zikmund

\$ 100.00 – Member. \$ 130.00 - Non-Member. Association of Nutrition & Foodservice Professionals, copyright 2015. ISBN 978-0-9825884-4-4

Foodservice Management - By Design, Legvold and Salisbury

\$ 105.00 – Member. \$ 135.00 - Non-Member. Association of Nutrition & Foodservice Professionals (ANFP), copyright 2015. ISBN 978-0-9825884-3-7– **for module 2 (January) and module 3 (April).**

This book is also required for module 2 (January) and can also be purchased online.

***ServSafe Coursebook: with the Exam Answer sheet* (Paper/Pencil Answer Sheet (NOT COMPUTER voucher), 7th Edition, English.**

To purchase the book or answer sheet from the SERVSAFE website:

1. Once on the website, go to purchase.
2. This will take you to Servsafe Manager. Go to view products.
3. Scroll to Servsafe **COURSEBOOK (not Essentials or Manager)**.
4. Choose item CBX6B, single copy with answer sheet. *Cost approx.. \$86 + shipping.*

If you have a Servsafe book (older edition) it **WILL NOT** have an answer sheet. Please go to the Servsafe website and order the answer sheet - *Cost: Approx. \$40 plus shipping.* Or you will need to order the above book on the website or other source before class starts.

***** Book prices are estimated and are subject to change.**

WHAT IS THE CLASS SCHEDULE?

Medical Nutrition and Therapy (Summer)

Tue July 10 – September 11 (10 sessions/42.5 hours)

5:45 pm - 10:00 pm \$385 Course number: NPD406

Safety and Sanitation (Winter 2018)

Tue September 25 – November 27 (10 sessions/42.5 hours)

5:45 pm - 10:00 pm \$385 Course number: NJS350

Quantity Food Production and Management (Spring 2018)

Tue January 8 – March 12 (10 sessions/42.5 hours)

5:45 pm - 10:00 pm \$385 Course number: NJS351



Dietary Manager Program Application- Part 1 (Student Information)

STUDENT INFORMATION:

Today's Date: _____

Please check each box that completes the following statements and provide the year for each box checked.

- I am a **NEW** student. This is my first module: FA (yr) _____ SP (yr) _____ WI (yr) _____ SU (yr) _____
- I am a **CONTINUING** student this module: FA (yr) _____ SP (yr) _____ WI (yr) _____ SU (yr) _____
- I successfully completed the following modules: FA (yr) _____ SP (yr) _____ WI (yr) _____ SU (yr) _____

Student Name: _____

Mailing Address: _____ Apt. #: _____

Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Personal e-mail address: _____

- *A copy of your High School diploma or GED must accompany this application.*

EMPLOYMENT INFORMATION: (You must be employed in the foodservice department to enroll in this program.)

Name of Facility: _____

Name of Department: _____

Address: _____
_____ Zip Code _____

Work Phone # _____ Fax#: _____ E-mail Address: _____

Title of present position: _____

Length of time at present position: _____ Year _____ Months; Full Time: _____ Part Time: _____

List of Job Responsibilities:

List of previous work experience applicable to the Dietary Managers Program:

<u>Date</u>	<u>Position Title</u>	<u>Facility</u>
_____	_____	_____
_____	_____	_____

EDUCATIONAL INFORMATION: (Include H.S. to present)

Degree/



Department of
Continuing Education &
Workforce Development

Dietary Managers Program Application 2018

<u>Date</u>	<u>Major</u>	<u>Institution</u>	<u>Year Granted:</u>
_____	_____	_____	_____
_____	_____	_____	_____

In which module do you wish to begin the Dietary Managers Program?

SUMMER _____ FALL _____ WINTER _____ SPRING _____

YEAR _____

_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

e -mail application to:
CE@pccc.edu

Or mail application to:
Attn: Linda Vega
PCCC office of CE
Passaic County Community College
One College Blvd,
Paterson, NJ 07505



Dietary Manager Program Application- Part 2 (Preceptor Information)

Preceptor Name (Print):

Title:

CDR – Registration #

Phone #:

E-mail address:

Fax #:

*A photocopy of the CDR registration card must accompany the application.

Employment status at the facility (Check One): Full Time Part Time Consultant

PRECEPTOR AGREEMENT:

I have reviewed the information in this application and find it to be accurate to the best of my knowledge.

I agree to assist the student and to review, evaluate and sign all written projects as long as the student is enrolled in the program.

I understand that I am responsible for the clinical aspect of the student’s experience. I agree to coordinate the entire 150 hours of field experience and directly supervise 50 of those hours in nutrition related experiences.

I agree to maintain contact with the Program Instructor and / or Director through e-mail correspondence, and / or phone calls on a monthly basis or as needed.

I certify that I have had a minimum of two (2) years dietetic experience post receipt of my registration status.

I recommend the applicant for admission to the Dietary Managers Program, at Passaic County Community College

Preceptor’s Signature

Date

e-mail application to:
CE@pccc.edu

Or mail application to:
Attn: Linda Vega
PCCC office of CE
Passaic County Community College
One College Blvd,
Paterson, NJ 07505



Department of
Continuing Education &
Workforce Development

Dietary Managers Program Application 2018

Dietary Manager Program Application- Part 3 (Food Service Director)

Today's Date: _____

Food Service Director Name: _____

(Please Print) First Name Last Name

Name of Facility: _____

Mailing Address: _____
Zip Code: _____

INCLUDE CURRENT COPY OF CDR CARDS AND CDM CARDS FOR PRECEPTOR AND TRAINERS

NAME OF RD/PRECEPTOR _____ **CDR #** _____

(Please Print) First Name Last Name

NAME OF CDM TRAINER _____ **CDM #** _____

(Please Print) First Name Last Name

NAME OF DTR TRAINER _____ **DTR #** _____

(Please Print) First Name Last Name

Type of Facility

- Acute Care Hospital
- Psychiatric Hospital
- Long Term Care Facility
- Home Handicapped
- Other (Specify) _____

Facility is currently accredited / approved

- JCAHO
- Title XVIII
- Title XIX
- Other (Specify) _____
- Date of last accreditation** _____

of staff in foodservice department _____ # of beds _____

Is this facility used for other allied health educational programs? No Yes - please list:

FOODSERVICE DIRECTOR INFORMATION

I agree to allow the student and preceptor to complete on-site, the necessary work to complete the projects/ assignments required for the Dietary Managers Program.

Director's Name (please print)

Date

Director's Signature

Email application to:

CE@pccc.edu

Or mail application to:

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Dietary Managers Program Application 2018