



## Program Overview:

- The course includes 120 hours of classroom training and 150 hours of supervised field experience.
- You must successfully complete the course to graduate.

The cost is \$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](mailto:Jhornes@pccc.edu) or Linda Vega (973)-684-6224 or e-mail [lvega@pccc.edu](mailto:lvega@pccc.edu)

## Application Instructions:

1. This program is open to foodservice employees in a hospital or nursing home.
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. **Part 2 of application** (completed by preceptor)
  - C. A photocopy of the **preceptor's CDR registration card**
  - D. **Part 3 of application** (completed by foodservice director)

e-mail the completed application to: [jhornes@pccc.edu](mailto:jhornes@pccc.edu)

4. **PAYMENT MUST BE MADE ONE WEEK PRIOR TO 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.



## Frequently Asked Questions

### **WHAT ARE THE ENTRANCE REQUIREMENTS OF THE PROGRAM?**

- 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, the new Dietary Manager Course meets the requirement of the New Jersey State Department of Health for an entry - level management position. Therefore, you are qualified in New Jersey to be a Foodservice Supervisor in a health care facility when you completed the course. Additionally, you are eligible to sit for the Certifying Board of Dietary Manager's national credentialing exam. By passing this exam you become nationally certified as a CDM, CFPP

### **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.

### **HOW LONG WILL IT TAKE TO FINISH THE PROGRAM?**

The class meets once a week for 4 hours for 30 weeks.

### **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%,
3. 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, copyright 2018.**

ISBN 978-09825884-4-4

**Foodservice Management - By Design, Legvold and Salisbury, copyright 2018.**

ISBN 978-0-9825884-3-7

**ServSafe Coursebook: with the Exam Answer sheet (Paper/Pencil Answer Sheet (NOT COMPUTER voucher), 7th Edition, English. ISBN 9780-1348123-3-5**

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.

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.

## Dietary Manager Program Application- Part 1 (Student Information)

**STUDENT INFORMATION:**

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Personal e-mail address: \_\_\_\_\_



Department of  
Continuing Education &  
Workforce Development

# Dietary Managers Program Application 2019

**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)**

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

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

SUMMER \_\_\_\_\_ FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

YEAR \_\_\_\_\_

\_\_\_\_\_

*Applicant's Signature*

\_\_\_\_\_

*Date*

*e-mail application to:*

[jhornes@pccc.edu](mailto:jhornes@pccc.edu)

*Or mail application to:*

**Attn: James Hornes**

**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):

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Title:

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CDR – Registration #

Phone #:

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E-mail address:

Fax #:

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**\*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**

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Preceptor’s Signature

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Date



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# Dietary Managers Program Application 2019

e-mail application to:  
[jhornes@pccc.edu](mailto:jhornes@pccc.edu)

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

## 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:

\_\_\_\_\_

\_\_\_\_\_



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## Dietary Managers Program Application 2019

### 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:*

[ihornes@pccc.edu](mailto:ihornes@pccc.edu)

*Or mail application to:*

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PCCC office of CE  
Passaic County Community College  
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