Career and Professional Programs, a division of Adult and Continuing Education, offers the Association of Nutrition & Foodservice Professionals (ANFP) approved Certified Dietary Manager (CDM) Program.

I. Program Features
- Three, 10-week modules: fall (Medical Nutrition and Therapy), winter (Safety and Sanitation), and spring (Quantity Food Production and Management).
- Preparation and scheduled test date for ServSafe® National Restaurant Association’s exam for Food Protection Manager Certification will take place during the Safety and Sanitation module.
- Each module includes 40 hours of classroom training and 50 hours of supervised field experience (only if you are planning to take the ANFP CDM exam). Successful completion of the CDM Program with fieldwork is one of the requirements to sit for the ANFP CDM exam.
- Courses may be taken in the CDM Program without completing fieldwork and intending to take the ANFP CDM exam. In this case, upon completion of coursework, you could seek employment as a Dietary Manager but not as a Certified Dietary Manager.

In order to waive the non-nutritional portion of the ANFP Program, you must have a minimum two years of experience in a managerial/supervisory capacity in non-commercial foodservice. Managerial/supervisory experience is defined as on-the-job time in a full-time management capacity. Non-commercial foodservice is defined as organizations or corporations such as hospitals, nursing homes, schools, military, correctional, or community feeding programs.

II. Application Instructions
1. This program is open to foodservice employees in a healthcare setting who have a minimum high school diploma or equivalency certificate (GED/HSE).
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. If you are planning to take the ANFP CDM Exam, you must have a registered dietitian who will act as your preceptor for a minimum of 25 hours. The maximum amount is 50 hours. If you need to fill the remaining hours, a qualified Certified Dietary Manager (CDM), Certified Food Protection Professional (CFPP) or Dietetic Technician, Registered (DTR) can oversee. It’s preferred that prospective students are currently working in a healthcare foodservice department, but NOT required.
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 – Must be completed by prospective student
   b. A photocopy of student’s high school diploma or GED/HSE
   c. Part 2 of application – Must be completed by preceptor (if applicable)
   d. A photocopy of the preceptor’s CDR registration card
   e. Part 3 of application – Must be completed by foodservice director
4. You may scan and email completed application to aceprofessional@lagcc.cuny.edu with the subject header “Dietary Manager Application – Last Name, First Name.” You may also deliver it in-person to 31-10 Thomson Avenue, Room M141, Long Island City, NY 11101. It is recommended that you submit your completed application for review no later than three (3) weeks before the first day of class.

III. Payment Information
The cost is $425.00 per module ($1,275.00 for the entire program)

Please follow the instructions in the application packet to ensure a seat in the program.
If you have any questions, contact (718) 482-5481 or aceprofessional@lagcc.cuny.edu.
If accepted into the program, please make the payment at least one week before the class begins. This is to ensure the class runs as scheduled. You make the payment:

- Online: [http://www.laguardia.edu/acereg](http://www.laguardia.edu/acereg) (Visa, MasterCard and American Express ONLY)
- In-person: 31-10 Thomson Ave, Room M143, Long Island City, NY 11101

What are the entrance requirements of the program?

- Minimum High School Diploma or high school equivalency certificate (GED/HSE).
- Prospective students currently working in a healthcare foodservice department preferred, but NOT required.
- If you are planning to take the ANFP CDM Exam, you must have a registered dietitian who will act as your preceptor.

I’ve been working in healthcare 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,” “120-hour” and the “foodservice supervisor’s” 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, Foodservice Supervisor 120 hour, Certified Dietary Manager or Certified Food Protection Professional.

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 those who complete the program are sent to ANFP 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.

Where is LaGuardia Community College located?
The college is located at 31-10 Thomson Avenue, Long Island City, NY 11101.

How can I visit the campus?

**By Car**
From Queens and Brooklyn, take the Long Island Expressway and exit at Van Dam Street. From the Bronx, take the Brooklyn-Queens Expressway and exit at Queens Boulevard west, and from Manhattan, take the 59th Street Bridge to Queens Boulevard.

**By Subway**
7 train 33rd Street station
N, W train At Queensboro Plaza station, transfer to 7 train
E, M trains Queens Plaza or 23rd-Ely/Court Square station
R train Queens Plaza station
G trains 23rd-Ely/Court Square station

**By Bus**
Q60, Q32 Queens Boulevard and Skillman Avenue
Q39 Thomson and Van Dam Street
B62 Thomson and Jackson Avenue

**Bike Parking**
Racks are available on Van Dam Street, in front of the E building, and near the parking lot on 29th Street by the C building.

**Citi Bike:** Stations are located at 31 St & Thomson Ave. and 47 Ave & 31 St.

What if I can’t start in the upcoming semester? Do I have to wait a whole year?
If you cannot start in the fall, you may start in the winter or spring. Modules are not offered in the summer.
How can I successfully complete the program?
There are four requirements for graduation:

1. Mandatory class attendance.
2. Completion of the projects as part of your field experience under the guidance of your preceptor (if applicable).
3. Passing the course with a 74/C or Above.
4. Passing the ServSafe® exam with a score of 75%.

Is the Certified Dietary Manager Program eligible for tuition reimbursement?
To determine whether you are eligible for tuition reimbursement from your union, contact your union representative.

What other job opportunities will I have after completing this training?
Upon the successful completion of the Certified Dietary Manager Program, you receive a certificate that signifies that you have met the requirements of the New York State Department of Health for an entry-level management position. Therefore, you are qualified to be a Foodservice Supervisor in a health care facility when you earn the LaGuardia certificate of completion.

Can I continue with my education after I complete this program?
Students may continue their education at LaGuardia Community College in one of two college degree programs: The Dietetic Technician (DT) Program or the Commercial Foodservice Management (CFSM) Program. Students who successfully complete the CDM Program and enroll in the DT Program will receive eight (8) credits towards this associate of science degree; or eight (8) credits towards the associate in applied sciences degree in the CFSM Program.

What are the required textbooks for this program?
  $ 110.00 (Members) / $ 140.00 (Non-Members). Association of Nutrition & Foodservice Professionals, Published 2018.
  $115.00 (Members) / $145.00 (Non-Members). Association of Nutrition & Foodservice Professionals (ANFP), copyright 2018.

The following book is also required for the WINTER module 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: https://www.servsafe.com/

1. Once on the website click on ServSafe Food Manager.
2. Scroll down to Order Books and click on ORDER NOW.
3. Search for and select SERVSAFE COURSEBOOK 7TH ED, ENGLISH, WITH EXAM ANSWER SHEET - CBX7. The cost of textbook is approximately $86 plus shipping.
4. 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.

***CODE FOR BOOKS: 320403***

What is the class schedule?
Course schedule can be found on http://www.laguardia.edu/cc/pages/career-skills-and-training/dietary-manager/. If you do not see dates and times, please contact 718-482-7244 or aceprofessional@lagcc.cuny.edu.
Certified Dietary Manager (CDM)  
Application Form  
Part 1: Student Information

A. **Personal Information**  
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: Fall _____  Spring _____  Winter _____
- [ ] I am a CONTINUING student in this module: Fall _____  Spring _____  Winter _____
- [ ] I have successfully completed the following modules: Fall ____ _  Spring _____ Winter _____

First Name: ___________________________________________

Last Name: ___________________________________________

Mailing Address: __________________________________________________

Address 2 (Floor, Apt, etc.): _________

City: __________________________________________________

State: ________ Zip Code: ___________

Home Phone: ______________________________________

Cell Phone: ____________________________________

Primary E-mail Address: __________________________________________________

Note: E-mails are used to communicate important information regarding current classes and potential courses. We would recommend Gmail and Yahoo! accounts.

B. **Employment Information**  
If you intend to take the Association of Nutrition & Foodservice Professionals exam, you must be employed in the foodservice field.

Name of Facility: ______________________________________________________________________________

Name of Department: ____________________________________________________________________________

Mailing Address: _____________________________________________________________________________

City: __________________________________________________

State: ________ Zip Code: ___________

E-mail Address: ______________________________________

Work Phone: _____________________________________

Current Job Title: ____________________________________

Length of time at Present Position: _______ Years _______ Months

Check one: [ ] Full-time [ ] Part-Time

List of Job Responsibilities: __________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

C. **EDUCATIONAL INFORMATION (Include High School to Present)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Major</th>
<th>Institution</th>
<th>Degree/Year Granted</th>
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I hereby certify that the above statements are true to the best of my knowledge. I understand that a false information may disqualify me from the program.

__________________________________________________________________________

[ ] Full-time [ ] Part-Time

Applicant’s Signature ____________________________ Date ____________________________

Mail to: LaGuardia Community College
Attn: Career and Professional Programs
31-10 Thomson Avenue, Room M141
Long Island City, NY 11101

Email application to: aceprofessional@lagcc.cuny.edu
A. Preceptor Information (PLEASE PRINT)

Preceptor’s First Name: ___________________________  Preceptor’s Last Name: ___________________________

Title: __________________________________________  CDR – Registration #: ____________________________

Phone Number: _________________________________  Fax Number: _________________________________

E-mail address: __________________________________________

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

*A photocopy of the Commission on Dietetic Registration (CDR) card must accompany the application.

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 directly supervise AT LEAST 25 of the 50 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 2 years dietetic experience post receipt of my registration status.

I recommend the applicant for admission to the Dietary Managers Program, at LaGuardia Community College.

____________________________       ________________
Preceptor’s Signature         Date

B. Preceptor Waiver (FILL THIS OUT IF YOU DO NOT PLAN TO HAVE A PRECEPTOR)

□ I DO NOT HAVE A PRECEPTOR FOR THIS COURSE.

I fully understand that by checking this box, I am taking this course for the sole purpose of earning a certificate of completion at LaGuardia Community College. I will not be able to take the ANFP exam.

_________________________       ________________
Student Name         Student Signature         Date

Email application to: aceprofessional@lagcc.cuny.edu

Mail to:  LaGuardia Community College  
Attn: Career and Professional Programs  
31-10 Thomson Avenue, Room M141  
Long Island City, NY 11101
A. Food Service Director Information

First Name: ____________________________  Last Name: ____________________________

Name of Facility: ________________________________________________________________

Mailing Address

City: ____________________________  State: ________  Zip Code: _____________

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

Directions: Check off the proper certification and please print the Food Service Director’s Name and ID number

☐ CDM  ☐ CFPP  ☐ DTR  ☐ RDN

First Name: ____________________________  Last Name: ____________________________  ID #: _____________

Type of Facility (check one)
☐ Acute Care Hospital
☐ Psychiatric Hospital
☐ Long-Term
☐ Home for Handicapped
☐ Other (please specify) ________________________

Facility is currently Accredited/approved (check one)
☐ Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
☐ Title VXIII
☐ Title XIX
☐ Other (Please Specify) ________________________

Date of last accreditation: ________________

1. Number of staff in foodservice department: ____________________________  Number of Beds: ________
2. Is this facility used for other allied health educational programs?
   ☐ Yes  ☐ No
   If yes, please list: ________________________________________________________________

   Director’s Name (PLEASE PRINT) ____________________________________________
   Student Signature ____________________________________________  Date ______________

B. Food Service Director Waiver (FILL THIS OUT IF YOU DO NOT PLAN TO HAVE A FOOD SERVICE DIRECTOR)

☐ I DO NOT HAVE A DIETARY MANAGER FOR THIS COURSE.

I fully understand that by checking this box, I am taking this course for the sole purpose of earning a certificate of completion at LaGuardia Community College.

   Student Name ____________________________________________  Student Signature ________________  Date ______________

Email application to: aceprofessional@lagcc.cuny.edu