

Fontbonne University
Dietary Manager Training Program Enrollment Form

Please complete all sections of this application and submit, along with payment.

TYPE or Print Legibly

Student Name: _____ Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Student Signature: _____ Email Address: _____

Home Address: _____
Street number, Street name, City, State, Zip

Facility Name: _____ Position: _____ Business Phone: _____

Facility Address: _____
Street number, Street name, City, State, Zip

Type of Facility: ___ Hospital ___ Corrections ___ Nursing Home ___ Other/Specify: _____

Education: ___ High School Diploma ___ Year ___ GED or Equivalent ___ Year ___ College

How did you learn about the Fontbonne Dietary Manager Training Program? _____

Purpose of enrollment: _____ Job Requirement _____ Personal Development

Important: All student enrollments are uploaded to the Association of Nutrition and Food Professionals. Please contact Mary Beth Ohlms if you would like information to be withheld.

PRECEPTOR AGREEMENT

Important: Preceptor must attach a copy of the CDR (Commission on Dietetic Registration) Card. If a CDE (Certified Diabetes Educator) or DTR will be precepting this student, also attach a copy of the Dietary Manager Association registration card for each preceptor. The RD/Preceptor (and CDM/DTR/LD Trainer, if utilized) must have at least 1 year post-registration employment experience.

Preceptor Name: _____ Position / Title _____

RD Registration # _____ CDM or DTR Registration # _____ Years of Experience _____

Preceptor Signature _____ E-Mail Address: _____

Preceptor's mailing address: Street, City, State, Zip: _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Facility Administrator's or Food Service Director (for hospitals) Signature: _____

Tuition Cost: \$1,475

Payment: Check/Money Order Payment: Make check payable to Fontbonne University

Send Completed Application and Payment to: Mary Beth Ohlms
Fontbonne University
6800 Wydown Blvd.
St. Louis MO, 63105