

Texas Association for School Nutrition

5910 Courtyard Drive #230, Austin, TX 78731

Toll Free: 800-444-5189 Fax: 512-371-0125

Email: info@tasn.net

CERTIFICATION APPLICATION

\$ 20 per level

If applying for multiple levels, please include appropriate amount.

***Please note: Your TASN membership and certification are good for one year.**

You must renew your membership and certification each year for your certification to remain in active (approved) status.

Membership must be renewed within 30 days of the expiration.

INFORMATION: Please print all information and sign the completed application

| | | | | | | |
|-----------------|-------|-------------------|-------|-----------------|----------|-------|
| Name | _____ | TASN Membership # | _____ | Certification # | _____ | |
| School District | _____ | Title | _____ | | | |
| Address | _____ | | City | _____ | Zip Code | _____ |
| Telephone | Home | _____ | Work | _____ | | |
| Email | _____ | | Fax | _____ | | |

EXPERIENCE

| Check present job title | # of years in each position |
|--|-----------------------------|
| <input type="checkbox"/> Specialist/Helper/Cashier | _____ |
| <input type="checkbox"/> Manager/Asst. Manager/Trainee | _____ |
| <input type="checkbox"/> Supervisor/Director/Administrator | _____ |
| Total years of experience in school foodservice | _____ |

FORMAL EDUCATION

Check highest level completed:

- Below High School Level GED or High School Diploma
- Certification of Credit (or 20-30 college hours toward a degree plan in a foodservice related field)
- Associate Degree Bachelor's Degree Master's Degree

CERTIFICATION

Last Certification Level _____ Expiration Date _____ **\$20 per Level**

(Please attach copies of your Certifications for the level that you are applying for.)

Indicate below which level of certification for which you are applying:

- Level 1 Level 2 Level 3 Level 4 Level 5

I, the undersigned, verify the accuracy of the information contained in this application. Furthermore, I understand that any Certification issued by TASN which is based upon information found to be false will be revoked and the person to whom the Certification was issued will be subject to denial of any other Certification issued by TASN. I hereby give permission to release information regarding certification records to the authorized representative of the school district where I am employed.

Signature of Applicant

Title

Date

Payment Information:

Discover ___ Visa ___ Master Card ___ Amex ___ Credit Card or Check # _____

Security Code (On back of card) _____ Expiration Date _____ **Total Amount Enclosed/Charged: _____**

Name on Card: _____

Billing Address (if different from Certification address): _____