

Texas Association for School Nutrition
5910 Courtyard Drive #230
Austin, Texas 78731
Toll Free: 800-444-5189 Fax: 512-371-0125
CERTIFICATION APPLICATION
 The fee for certification is \$20.00 per Level

Certification Guidelines:

- You must be and stay as an active member to apply for Certification and remain in the active (approved) status.
- It is the member's responsibility to take courses that count for the level the member is working towards.
- All course certificates expire after 5 years unless stated otherwise.
- Partial credit will **not** be given.
- Courses must meet the Professional Standard Codes. For assistance with the codes, please visit the TASN website:
[Education](#) → [Certification Overview](#) → [USDA PS Code/TASN Level](#).

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 food service	_____

FORMAL EDUCATION

Check highest level completed:

<input type="checkbox"/> Below High School Level	<input type="checkbox"/> GED or High School Diploma
<input type="checkbox"/> Certificate of Credit (or 20-30 college hours toward a degree plan in a food service related field)	
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	

CERTIFICATION

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

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

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

<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 5
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I, the undersigned, verify the accuracy of the information contained in this application. Furthermore, I understand that any certificate issued by TASN which is based upon information found to be false will be revoked and the person to whom the certificate was issued will be subject to denial of any other certificate 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
_____ Signature of School Nutrition Official	_____ Title	_____ Date

Payment Information:

Discover ___ Visa ___ Master Card ___ Amex ___ Credit Card or Check # _____ Total Amount Enclosed/Charged: _____

Security Code (On back of card): _____ Expiration Date: _____

Name on Card: _____

Billing Address (if different from Certification address/must include city, state & zip): _____