

Texas Association for School Nutrition

5910 Courtyard Drive #230, Austin, TX 78731

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

Email: Certification@tasn.net

CERTIFICATION APPLICATION

\$ 20 per level

If applying for multiple levels, please include appropriate amount.

***Please note:** •TASN membership & certification valid for one year. •Membership must be renewed within 30 days of the expiration.

•Membership & certification must be renewed YEARLY to remain in active/approved status. •Please **DO NOT** staple payment to application.

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

Payment Information: (Please DO NOT staple check or money order to application).

Discover Visa MasterCard Amex | Credit Card or Check # _____ - _____ - _____
Name on Card: _____ Security Code: _____ Expiration Date: _____
Billing Address (if different from Certification address): _____
 \$20 Initial or Upgrade Multiple Levels: \$ _____

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 _____

TASN HQ use only:

Total Amount Enclosed/Charged: \$ _____ Check #: _____

Personal ISD Credit/Debit Other: _____