

**APPLICATION FOR  
CHILD NUTRITION PROGRAM DIRECTOR  
PROFESSIONAL CERTIFICATION**

Date Application Received

Alabama State Department of Education  
Child Nutrition Programs  
5301 Gordon Persons Building  
P.O. Box 302101  
Montgomery, AL 36130-2101  
Telephone: (334) 694-4656

**APPLICANTS MUST MEET  
REQUIREMENTS IN EFFECT AT  
THE TIME THE APPLICATION IS  
SUBMITTED**

Carefully complete all items on this form. Forward the completed form to the Child Nutrition Programs, State Department of Education, P.O. Box 30210, Montgomery, AL 36130-2101. This application must be accompanied by a \$38 money order or cashier's check (no personal checks accepted) made payable to the Alabama State Department of Education or you may pay online at [appengine.egov.com/apps/al/adoe/payments](http://appengine.egov.com/apps/al/adoe/payments), then submit a copy of the application and receipt showing the certification fee has been paid to the CNP Section of the ALSDE.

**Application Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM DD YYYY MM DD YYYY

**I. Applicant:** \_\_\_\_\_  
First Middle Maiden Last

**Mailing Address:**

**Home:** \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State Zip Code+4

**Work:** \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State Zip Code+4

**Home Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ **Cell Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ **Work Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
Area Code Area Code Area Code

**Email Address:** **Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**For Statistical Purposes Only**

**Race (check one):**  (01) White  (02) Black  (03) Hispanic  (04) American Indian  (05) Asiatic  (06) Other

**Sex (check one):**  Female  Male

**II. Send Certificate To:**

Work School System Address Listed Above  Home Address Listed Above  Both Work & Home Addresses Listed Above

**III. Record of Education:**

Degree/Diploma	Name of School, College, or University	Location	Year Graduated	Degree
High School Diploma				
Associate Degree				
Baccalaureate Degree				
Master's Degree				
Graduate Degree I				
Graduate Degree II				
Graduate Degree III				

**IV. Type of System:**

\*\*Charter School  \*RCCI  \*Private \*\*Public:  City  County

**\*Note:** Applicant is required to meet federal hiring standards to hold a CNP Directors Certificate.

**\*\*Note:** Applicant is required to meet both Federal and State hiring standards to hold a CNP Directors Certificate.

**V. Work Experience:**

In the areas below, please type or legibly print past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary.

**Job/Position Title/Classification:** \_\_\_\_\_  Fulltime  Part-time

**Employment Dates:**

From		To		Total Time Employed in Yrs. /Mos./Hrs.		
Mo.	Yr.	Mo.	Yr.	# of Yrs.	# of Mos.	# of Hrs.

**Employer's Name:** \_\_\_\_\_

**Employers Address:** \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State Zip Code+4

**Duties Performed:**

**Job/Position Title/Classification:** \_\_\_\_\_  Fulltime  Part-time

**Employment Dates:**

From		To		Total Time Employed in Yrs. /Mos./Hrs.		
Mo.	Yr.	Mo.	Yr.	# of Yrs.	# of Mos.	# of Hrs.

**Employer's Name:** \_\_\_\_\_

**Employers Address:** \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State Zip Code+4

**Duties Performed:**

**Job/Position Title/Classification:** \_\_\_\_\_  Fulltime  Part-time

**Employment Dates:**

From		To		Total Time Employed in Yrs. /Mos./Hrs.		
Mo.	Yr.	Mo.	Yr.	# of Yrs.	# of Mos.	# of Hrs.

**Employer's Name:** \_\_\_\_\_

**Employers Address:** \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State Zip Code+4

**Duties Performed:**

Job/Position Title/Classification: \_\_\_\_\_  Fulltime  Part-time

From		To		Total Time Employed in Yrs. /Mos./Hrs.		
Mo.	Yr.	Mo.	Yr.	# of Yrs.	# of Mos.	# of Hrs.

Employer's Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State Zip Code+4

Duties Performed:

Job/Position Title/Classification: \_\_\_\_\_  Fulltime  Part-time

From		To		Total Time Employed in Yrs. /Mos./Hrs.		
Mo.	Yr.	Mo.	Yr.	# of Yrs.	# of Mos.	# of Hrs.

Employer's Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State Zip Code+4

Duties Performed:

Job/Position Title/Classification: \_\_\_\_\_  Fulltime  Part-time

From		To		Total Time Employed in Yrs. /Mos./Hrs.		
Mo.	Yr.	Mo.	Yr.	# of Yrs.	# of Mos.	# of Hrs.

Employer's Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State Zip Code+4

Duties Performed:

## VI. Requirements for the Alabama Professional CNP Director Certificate

### Food Safety Training

All Child Nutrition Program Directors, for all local educational agency sizes, must have completed at least eight hours of food safety training within five years prior to their starting date or complete eight hours of food safety training within 30 calendar days of their starting date.

CNP Directors in school systems with student enrollment of 2,500 and above must have a valid Alabama Professional Child Nutrition Program Director Certificate issued by the Educator Certification Section of the ALSDE.

Select the option below which best fits the path you plan to utilize for CNP Director Certification.

- Option 1: Bachelor's Degree in Field and Relevant Experience** - All requirements below must be met.
1. An earned bachelor's degree or higher from an accredited institution with an academic major in food and nutrition, food service management, dietetics, family and consumer sciences, nutrition education, culinary arts, business, food science, community nutrition and marketing, hospitality management, or a related field. At least four of the courses must be in food and nutrition.
  2. A minimum of 1400 clock hours of compensated food service management, or an acceptable alternative to be approved by the State Superintendent of Education, to include but not limited to, supervisory and/or administrative experiences attained within the five years immediately preceding the date of application.
- Option 2: Bachelor's Degree and Specified Coursework** - All requirements below must be met.
1. An earned bachelor's degree or higher from an accredited institution degree in any major.
  2. Specific coursework within three years from the date of employment:
    - a. Nine semester hours in food and nutrition,
    - b. Three semester hours in quantity food production,
    - c. Three semester hours in quantity purchasing,
    - d. Three semester hours in personnel management, and
    - e. Three semester hours in accounting.
  3. Verifies a minimum of 1400 clock hours of compensated food service.
- Option 3: Bachelor's Degree and School Nutrition Specialist (SNS) Credential** - All requirements below must be met.
1. An earned bachelor's degree or higher from an accredited institution in any major.
  2. The School Nutrition Specialist (SNS) Credential from the School Nutrition Association (SNA).  
**Note:** See SNS requirements on the SNA website.  
[SNS-Credentialing-Exam-Handbook.pdf \(schoolnutrition.org\)](https://www.schoolnutrition.org/SNS-Credentialing-Exam-Handbook.pdf)
- Option 4: Bachelor's Degree, Training, and Experience** - All requirements below must be met.
1. An earned bachelor's degree or higher from an accredited institution in any major.
  2. A minimum of five years of work experience at least at the level of a school food service manager.
- Option 5: Bachelor's Degree and a CNP Director Certificate from Another State** - All requirements below must be met.
1. An earned bachelor's degree or higher from an accredited institution in any major.
  2. An Alabama recognized CNP Director Certificate from another state

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## VII. Professional Status and Criminal History Information

Check "yes" or "no" for each question below. "YES" responses require an attached explanation and any additional supporting documentation (e.g., court certified copies of judgment, conviction, and sentencing).

### Read Carefully

- Yes     No    Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency **other than the Alabama State Department of Education?**
- Yes     No    Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards, or Code of Ethics by an agency **other than the Alabama State Department of Education?**
- Yes     No    Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- Yes     No    Have you ever resigned from a position rather than face disciplinary action?
- Yes     No    Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?
- Yes     No    Are you the subject of a pending investigation involving a criminal act?

I understand I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. I understand it is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify all information pertaining to this application is true and correct.

**FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF YOUR LICENSE.**

I certify all information pertaining to this form is true and correct.

\_\_\_\_\_  
Signature of Applicant

**VIII. Signature of Employing Superintendent:**

**Applicant is:**  Currently Employed    **Hired Date:** \_\_\_\_\_  To Be Employed    **Hire Date:** \_\_\_\_\_

Applicant is / will be the CNP Director and wishes to hold CNP Director certification

Applicant is not the CNP Director but wishes to hold CNP Director certification

Name of Director being replaced: \_\_\_\_\_

School System Name: \_\_\_\_\_

I certify, the above information in section VII is correct and true. \_\_\_\_\_  
Superintendent's Signature

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**IX. Recommendation of Child Nutrition Program**

This record of training and experience  **does**  **does not** meet certification requirements.

\_\_\_\_\_  
Angelice S. Lowe  
Director of Child Nutrition Programs

\_\_\_\_\_  
Date



**SUPPLEMENT CIT**  
**DECLARATION OF CITIZENSHIP OR NATIONAL STATUS OF**  
**APPLICANT FOR EDUCATOR CERTIFICATION**

*Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491*

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

**Applicant:** \_\_\_\_\_  
Title (e.g., Mr., Mrs.) First Middle Maiden Last Name Suffix (e.g., Jr., Sr.)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM DD YYYY

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_

This section is to be completed in compliance with *Ala. Code § 31-13-7 (29)(c)(1)* which provides that United States Citizenship and lawful presence in the United States must be appropriately verified. The Systematic Alien Verification for Entitlements (SAVE) system will be used to verify lawful presence in the United States. Alabama certification will not be processed until documentation of United States citizenship or lawful presence has been confirmed by the Educator Certification Section. Acceptable forms of documentation for proving citizenship or lawful status can be found on Charts A & B below.

**Choose one as appropriate:**

1. I hereby declare that I am a citizen of the United States. (check one) \_\_\_\_ Yes \_\_\_\_ No

I am providing proof of citizenship by submitting a photocopy of **Item** \_\_\_\_\_ as listed on **Chart A**.

If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.

**OR**

2. I hereby declare that I am an alien lawfully present in the United States. (check one) \_\_\_\_ Yes \_\_\_\_ No

I am providing proof of lawful presence by submitting a photocopy of **Item** \_\_\_\_\_ as listed on **Chart B**.

If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.

**Choose one as appropriate:**

I am a student at an Alabama college or university \_\_\_\_\_, **AND/OR**  
Name of Alabama College/University

I am an applicant for Alabama certification.

I Understand Alabama certification **will not** be processed if lawful presence or United States citizenship is not confirmed. I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit. I sign this declaration under penalties of perjury: making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to *Ala. Code § 31-13-7(h)*.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Proof of United States Citizenship Documentation List**

*Code of Alabama 1975, Section 31-13-29(g)*

**Chart A**

United States citizenship may be demonstrated by submitting a legible photocopy (front and back) of one of the following documents. Please mark an "X" next to the item letter of the documentation being submitted.

Mark ITEM Selected	ITEM	<i>If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.</i>
	<b>A</b>	An Alabama driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	<b>B</b>	A birth certificate indicating birth in the United States or one of its territories
	<b>C</b>	Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United State passport
	<b>D</b>	United States naturalization documents or the number of the certificate of naturalization
	<b>E</b>	Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the immigration and Nationality Act of 1952, as amended
	<b>F</b>	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	<b>G</b>	A consular report of birthday abroad of a citizen of the United States of America
	<b>H</b>	A certification of citizenship issued by the United States Citizenship and Immigration Services
	<b>I</b>	A certification of report of birth issued by the United States Department of State
	<b>J</b>	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	<b>K</b>	Final adoption decree showing the person's name and United States birthplace
	<b>L</b>	An official United States Military record of service showing the applicant's place of birth in the United States
	<b>M</b>	An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
	<b>N</b>	AL-verify
	<b>O</b>	A valid Uniformed Services Privileges and Identification Card
	<b>P</b>	Any form of ID authorized by the Alabama Department of Revenue

**Proof of Lawful Presence in the United States Documentation List**

*Code of Alabama 1975, Section 31-13-3(10)*

**Chart B**

Lawful presence may be demonstrated by submitting a legible photocopy of one of the following documents. Please mark an "X" next to the item letter of the documentation being submitted.

Mark ITEM SELECTED	ITEM	<i>If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.</i>
	<b>A</b>	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	<b>B</b>	Any valid United States Federal or State government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identifications Card if issued by an entity that requires proof of lawful presence in the U.S. before issuance
	<b>C</b>	A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the U.S. Department of Homeland Security indicating the bearer's admission to the United States
	<b>D</b>	A foreign passport issued with a Visa waiver country with a corresponding entry stamp and unexpired duration of stay and notation or an I-94 W form by the United States Department of Homeland Security indicating the bearer's admission to the United States

# PROFESSIONAL CERTIFICATION CHILD NUTRITION DIRECTOR

## Application Checklist, Submission, and Attestations

- Application Form 6 (DS) – all areas must be completed or if “not applicable” indicate by writing N/A in the blank
- A \$30.00 money order or cashier’s check, made payable to the State Department of Education
- Official Transcript(s) – mailed from college(s) or university (s) in sealed envelope Number of Transcripts \_\_\_\_\_
- Supplement CIT Declaration of Citizenship or National Status of Applicant for Educator Certification (**If using Driver’s License, submit a copy of the front and back sides.**)
- Completed Criminal History Background Check (**Background clearance based on a fingerprint review. Applicants who have not been cleared by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section of the ALSDE are required to be fingerprinted for a criminal history background check through the ASBI and FBI.**)
- Copy of 8-Hours of Food Safety Training Certificate
- Copy of ServSafe Manager’s Certificate

I understand the Educator Certification Section is unable to determine eligibility for Alabama certification until all required application components have been received and reviewed. Additional information may be requested upon review of the file. Incomplete forms will delay the review of the file.

I understand the Educator Certification Section is unable to determine eligibility for Alabama certification until all required application components have been received and reviewed. Additional information may be requested upon review of the file. Incomplete forms will delay the review of the file.

I understand that I must meet all Alabama certification requirements in effect on the date the application is received in the Educator Certification Section.

I understand that I must thoroughly read all requirements of this approach (Form 6 (DS) July 2023).

I understand that it is my responsibility to keep all personal data on file in the Educator Certification Section current.

I understand it is my responsibility to maintain my certificate and to stay informed of current regulations for renewal. Furthermore, I understand, once I have obtained an Alabama CNP Directors’ Certificate, to maintain and renew it under current regulations, I must complete 12 hours of continuing education or training annually. (***Earned hours may not be carried over into/from another year.***)

By affixing my signature to this document, I am certifying all information pertaining to this application form is true and correct, and failure to submit accurate information may result in revocation or non-issuance of my certificate.

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Applicant’s Signature

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Date

### All information should be mailed to:

Angelice S. Lowe, Director of Child Nutrition Programs  
Alabama State Department of Education  
5301 Gordon Persons Building  
P.O. Box 302101  
Montgomery, AL 36130-2101



**THIS FORM MUST BE MAILED WITH YOUR APPLICATION  
SCHOOL EMPLOYEES WHO MUST HOLD A CERTIFICATE**

Individuals employed in all school districts as a Child Nutrition Program Director shall hold a certificate issued by the State Superintendent of Education. (Alabama Administrative Code 1994, S290-080-030-.05.)

**CERTIFICATE INFORMATION**

**IMMEDIATELY**, review your certificate for (1) correct social security number, (2) correct spelling of your name, and (3) correct certificate information pertaining to type of certificate. If errors are found, please return all copies of the certificate document to the Child Nutrition Programs Section at the above address. **Please note that your official certification records are filed under your name and social security number. Use this information when communicating with the Child Nutrition Programs Section.** We can be of better service if you provide: (1) your name as it appears on your certificate, (2) your social security number, (3) your complete address, (4) your telephone number, and (5) your name changes as they occur.

**CERTIFICATE RENEWAL REQUIREMENTS**

**An effective date and an expiration date are shown on the certificate. Note the validity dates on your certificate. It is the responsibility of the certificate holder to make certain that the renewal requirements are completed before the deadline for certificate renewal. Renewal requirements may be obtained from the Child Nutrition Programs Section at the above address.**

**CERTIFICATE REVOCATION AND SUSPENSION**

*Alabama Administrative Code Rules 290-030-020-.03(8) (a)-(b) states:*

- a) The State Superintendent of Education shall have the authority to revoke any certificate held by a person who has been proved guilty of immoral conduct or unbecoming or indecent behavior in Alabama or any other state or nation in accordance with *Alabama Code S 16-23-5 (1975)*.
- b) The State Superintendent of Education also has the authority to refuse to issue, to suspend or to recall a certificate for just cause. An application from a candidate whose certificate has been suspended or revoked by another state may be considered.