

Food and Nutrition Services Training Program Basic Certificate Worksheet

Name: _____

ID #: _____

Work Location: _____

Job Title: _____

Category & Class Taken	Hours of Class	Hours Attended	Dates Completed
Behavior Styles using the Gregorc Delineator	5	_____	____/____/____ - ____/____/____
Child Nutrition and Dietary Needs	5	_____	____/____/____ - ____/____/____
Communication Skills	20	_____	____/____/____ - ____/____/____
Computrition Food Management System	6	_____	____/____/____ - ____/____/____
Conflict Management	10	_____	____/____/____ - ____/____/____
Food Services Cashiering	3	_____	____/____/____ - ____/____/____
Healthy E.D.G.E., 2000	10	_____	____/____/____ - ____/____/____
PC Windows Overview	3	_____	____/____/____ - ____/____/____
Safety in the Workplace	5	_____	____/____/____ - ____/____/____
ServSafe Food Safety and Sanitation	<u>10</u>	_____	____/____/____ - ____/____/____
Total Required Hours	77	_____	
Electives:			
_____	_____	_____	____/____/____ - ____/____/____
_____	_____	_____	____/____/____ - ____/____/____
_____	_____	_____	____/____/____ - ____/____/____
_____	_____	_____	____/____/____ - ____/____/____
_____	_____	_____	____/____/____ - ____/____/____
Total hours for certificate:	105	_____	(105 or more)

You must have a valid first Aid certificate.

Date: ____/____/____ *

* Good for only 3 years

To complete this certificate, all required classes must be taken with additional elective classes chosen from the Food and Nutrition Services Training Program elective classes to equal 105 hours or more in total hours.

Use this worksheet to keep track of the classes you have taken. When all requirements have been fulfilled, copy this worksheet and send the **photocopy** to Staff Development.