



**JAJ Health Care Education Consultants, L.L.C.**  
**Louisiana Certification Registry for Healthcare Ancillary Professionals, Inc.**  
**P.O. Box 7111**  
**Metairie, LA 70010**  
**Office: (504) 390-8940 ; Fax (504) 407-3777**

**APPLICATION**

**Dietary & Food Service Manager**

**Date \_\_\_\_\_**

**Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_**

**Mailing Address \_\_\_\_\_**

**Contact Phone Number \_\_\_\_\_**

**Email Address \_\_\_\_\_**

**Employer \_\_\_\_\_**

**Type of certification you are applying for: *Dietary & Food Service Manager***

**Have you ever had a professional license and/or certification revoked \_\_\_ Yes \_\_\_ No**

**If Yes, Please Explain: \_\_\_\_\_**

**Initial Application Fee:**

***Dietary & Food Service Manager* = \$75.00**

**YOU MUST SUBMIT THE FOLLOWING WITH THIS FULLY COMPLETED, AND SIGNED**

**APPLICATION:** Completed a state approved course in Dietary and Food Service Management, and an accredited ServSafe Course.

***Make check or money order payable to JAJ Health Care Education Consultants, L.L.C.***

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