

School Food Service Administrators (SFSAs) Time Plan Form for Provisional Certifications

Please complete the information below and attach all required documents when submitting this form to the Office of Child Nutrition. (Please type or print legibly)

SFSA/Applicant Name	
School District Name & Address	
SFSA Phone Number	
School Food Authority (District Superintendent)	
School Food Authority Signature	

List the course(s) you plan to take to satisfy your requirements for MDE/OCN:

Academic Course Name	College/ University	Course Number	Semester Hours	Semester/Year to be Taken

Yes No Attached is a copy of the course description(s) from the college/university catalog.

Yes No Attached is documentation from the college/university that verifies that the above courses will be offered.

Yes No A copy of this plan has been submitted to the superintendent of our school district.

Applicant Signature _____ **Date** _____

State Office Use Only