

**OFFICE OF CHILD NUTRITION**  
**Provisional Certification Time Plan for**  
**School Food Service Administrators (SFSAs)**

- This is the first plan I have submitted. (Complete **part A only.**)
- This is a change to my previous plan. (Complete **part A and part B.**)

**PART A** Please type or print legibly

<b>Applicant Name</b>	
<b>School District</b>	
<b>School Food Authority</b>	
<b>School Food Authority Signature</b>	
<b>Phone Number</b>	
<b>Date</b>	

List your plan of course(s) to qualify for a provisional School Foodservice Administrator certification.

<b>Academic Course Name</b>	<b>College/ University</b>	<b>Course Number</b>	<b>Semester hours</b>	<b>Semester/Year to be taken</b>

- Attached is a copy of the course description(s) from the college/university catalog.
- Attached is documentation from the college/university that verifies that the above courses will be offered.
- A copy of this plan has been submitted to the superintendent of our school district.

**PART B** Please type or print legibly

List the course(s) previously on your plan that you no longer plan to take.

<b>Academic Course Name</b>	<b>College/ University</b>	<b>Course Number</b>	<b>Semester hours</b>	<b>Semester/Year will take</b>

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_