Requirement I: Organizational Culture

1.1 Accreditation

ANFP Training Programs are established in post-secondary accredited colleges, institutions, and programs recognized by the Council for Higher Education Association (CHEA), <u>www.chea.org</u> or the United States Department of Education (ED), <u>www.ed.gov/</u>.

To verify status for CHEA, visit http://www.chea.org/search/search.asp.

To verify status for ED, visit http://ope.ed.gov/accreditation/Search.aspx.



Complete Form 1.1 with all dates and signatures.

- Post-secondary Colleges, Institutions, and Programs must be accredited and listed as such on the CHEA or ED websites.
- Proof of accreditation must be included along with dates of the current accreditation.



Complete Form 1.1 with all dates and signatures.

- Post-secondary Colleges must be accredited and listed as such on the CHEA or ED websites.
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Requirement I: Organizational Culture

Form 1.1 - Accreditation

| Form 1.1 - Accreditation | | |
|--|--|--|
| Program Title (Full program name, no abbreviations) | | |
| Application Date | | |
| Name of College | | |
| Address of College | | |
| City, State, Zip | | |
| Telephone Number to appear on ANFP website | | |
| College website address (Note: Your program will be advertised on the ANFP website) | | |
| Contact Name/E-mail to be listed on the website | | |
| College Accreditation (agency or commission recognized by CHEA or ED) | | |
| Accreditation Start and End Dates | | |
| Maximum Program Enrollment Capacity | | |
| Program Director's Name (please print) | | |
| Preferred Mailing Address | | |
| City, State, Zip | | |
| Work Telephone | | |
| Work Fax Number | | |
| Home Telephone | | |
| Preferred E-mail Address | | |
| Program Director's Signature | | |

form continued on next page

Requirement I: Organizational Culture

Form 1.1 - Accreditation (cont.)

| Form 1.1 - Accreditation (cont.) | |
|---|--|
| Program Administrator's Name (please print) | |
| Title | |
| Work Telephone | |
| Work Fax Number | |
| Preferred E-mail Address | |
| As administrator, I agree to notify ANFP within two weeks of a change in the program director and/or administrator. I also agree to forward to ANFP the resume of the new program director, along with the notification letter. | |
| Program Administrator's Signature | |
| Finance Department Contact | Name: E-mail: Address: City, State, Zip: |
| Type of Program | □ Face-to-Face □ Online □ In-State Only □ Nationally □ Hybrid □ Correspondence |
| Department Administering Program (i.e., workforce development, culinary) | |
| Type of Award Granted | □ Certificate □ Four-Year Degree □ Two-Year Degree in: □ Culinary Arts □ Dietetic Technician □ Foodservice Management □ Other: |
| Length of Program (in months) | |
| Cost of Program (including textbooks) | |
| ANFP Pre-Approved Curriculum Used | ☐ Yes - Copyright Date: ☐ No |
| ANFP Textbooks Used | Nutrition Fundamentals and Medical Nutrition TherapyFoodservice Management - By Design |