



CERTIFIED CORRECTIONAL FOOD SYSTEMS MANAGER POINT UPDATE FORM

Certified Correctional Food Systems Manager Renewal Application Thank you for your continued support of the Certified Correctional Food Systems Manager (CFSM) credential. Please read and complete each section fully and accurately in clear, legible handwriting or type. All qualifying continuing education must be completed at the time the application is submitted and within the renewal period. The completed application must be received in the CFSM office by the designated application deadline.

Please initial each page and mail, fax, or email a PDF of your completed application to:

Mail: ACFSA CSFM Program
PO Box 10065
Burbank, CA 91510

Fax: (818) 843-7423

Email: certification@acfsa.org

Receipt of your application will be acknowledged within two weeks.

There is no membership requirement to renew the CFSM credential, and ACFSA members and nonmembers will be evaluated equally on the renewal application. The CFSM program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation, or disability. Additional information on program requirements, policies, and procedures is available in the CFSM Brochure and at <http://www.acfsa.org/certification.php>. For further assistance, contact CFSM staff at 818-843-6608 or certification@acfsa.org

APPLICATION CHECKLIST

Please be sure to complete all four sections of this application.

- Section 1. Renewal Applicant Information:** I have completed all renewal applicant information and noted where I would like CFSM mailed correspondence sent.
- Section 2. Payment:** I have included payment information with this application.
- Section 3. ACFSA Standards of Conduct and Renewal Application Attestation:** I pledge to adhere to the ACFSA Standards of Conduct and have signed the Renewal Application Attestation.
- Section 4. Professional Development Activities:** I have completed at least 24 points of qualifying professional development and/or qualifying leadership, authorship, and/or teaching activities contributing to the correctional food service profession.

SECTION 1

RENEWAL APPLICANT INFORMATION

Please indicate the address you would like to be used for CFSM correspondence: Business Home *(select one.)*

Please note: It is important to keep an updated address on file with the CFSM program to ensure you receive important credential information.

Please notify ACFSA of any changes in your contact information.

Applicant Name: _____

Title of Present Position: _____

Organization: _____

Email: _____

Business Address: _____

City/State/Zip: _____

Business Telephone: _____

Home Address: _____

City/State/Zip: _____

Home Telephone: _____ **Personal Email:** _____

SECTION 2

PAYMENT

All fees must accompany the application. The renewal fee is \$70for members and \$150 for nonmembers, due by August 31 of your expiration year. Fees are reduced to \$35 for ACFSA members and \$75for nonmembers if application is received by July 31.

Early Renewal Fees—Submitted by July 31

\$35 ACFSA Member \$75 Nonmember

Renewal Fees—Submitted August 1 – August 31

\$70 ACFSA Member \$150 Nonmember

Payment type:

Check enclosed (payable to ACFSA) Visa MasterCard American Express Discover

Cardholder Name: _____

Credit Card Account #: _____ **CV Code:** _____

Expiration Date: _____ **Zip Code of Billing Address:** _____

Signature: _____

Total Payment Included: _____

**SECTION 3
STANDARDS OF CONDUCT AND APPLICATION ATTESTATION**

APPLICATION ATTESTATION

___ In making this renewal application, I fully understand that it is a renewal application only and does not guarantee renewal. I understand and, by my signature, attest that I will, now and in the future, adhere to the ACFSA Standards of Conduct. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and renewal application or other violations of CFSM Commission policies may result in the revocation of this renewal application or other disciplinary action by the ACFSA Board.

___ I understand that ACFSA reserves the right to revise or update this renewal application, and that it is my responsibility to be aware of ASAE's current requirements. I further understand that I am obligated to inform ACFSA of changed circumstances that may materially affect my renewal application. I further understand that it is my responsibility to provide ACFSA with any requested documentation in connection with this application.

___ I understand and agree that if I am recertified following acceptance of this application such certification does not constitute ACFSA's warranty or guarantee of my fitness or competency to practice in the correctional food service field. If I am recertified, I authorize ACFSA to include my name in a list of certified individuals and agree to use the CFSM designation and related ACFSA trade names, trademarks, and logos only as permitted by CFSM policies. I understand and agree that ACFSA may also use anonymous and aggregate renewal application data for statistical and research purposes.

Applicant Signature: _____ **Date:** _____

**SECTION 4
PROFESSIONAL DEVELOPMENT**

You must have completed 24 points of correctional food service - related continuing education within your current renewal period in order to renew your CFSM certification. You will receive CFSM credit for actual clock time of qualifying education, including partial hours, up to a maximum of six CFSM credits per calendar day. Please provide a description to indicate program content and its relation to correctional food service.

All hours must be completed at the time of submission; future hours will not be accepted. Transcripts, certificates of attendance and agendas may be requested. When filling out the professional development section, please avoid the use of acronyms. Points can be achieved as follows:

Education. You can earn points if you achieve additional educational status. Point allotment is as follows:

Activity	Points
1. For each CEU credit earned	1 point per CEU
2. For continuing education courses	Based on level of education

Industry related activities

1. Attendance at ACFSA International Conference	5 points per meeting
2. Attendance at ACFSA State or Regional Conference	4 points per meeting
3. Attendance at ACFSA Chapter meetings	2 points per meeting
4. Attendance at other industry meetings	2 points per meeting
5. Acting as a Preceptor to a new CFSM Student	5 points
6. Receiving industry honors	Maximum 4 points

Industry Service.

Activity	Points
1. Continuing membership in the ACFSA	1 point per year
2. Serves as an ACFSA Officer (National, Chapter, State Representative)	5 points per year
3. Served as an ACFSA Conference Chair or Co-Chair	5 points per year
4. Served as ACFSA Committee Chair or member (other than Conference)	3 points per year
5. Article published in Insider trade magazine or other Professional journal	3 points
6. Scheduled speaker on industry topics	3 points per topic

On the following page, please indicate the total number of points you have submitted for credit, and provide a detailed listing for each program or activity. You may reproduce the page, or attach a similarly organized report detailing the required information. There is no requirement to attach documentation or proof of attendance at education events or background information. However, the CFSM program reserves the right to request and audit documentation confirming the information reflected on your application.

Detailed Listing of Professional Development Activities

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ **Number of CFSM Points** _____ **Presenter(s):** _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ **Number of CFSM Points** _____ **Presenter(s):** _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ **Number of CFSM Points** _____ **Presenter(s):** _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ **Number of CFSM Points** _____ **Presenter(s):** _____

Description: _____

Total number of credits submitted: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CFSM Points _____ Presenter(s): _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CFSM Points _____ Presenter(s): _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CFSM Points _____ Presenter(s): _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CFSM Points _____ Presenter(s): _____

Description: _____

Total Hours of Professional Development _____

Total number of credits submitted: _____

Detailed Listing of Leadership, Authorship, and Teaching Activities

Service/Title: _____
 Organization/Publication: _____
 Date(s): _____ Number of CFMSM Points: _____
 Description: _____

Service/Title: _____
 Organization/Publication: _____
 Date(s): _____ Number of CFMSM Points: _____
 Description: _____

Service/Title: _____
 Organization/Publication: _____
 Date(s): _____ Number of CFMSM Points: _____
 Description: _____

Service/Title: _____
 Organization/Publication: _____
 Date(s): _____ Number of CFMSM Points: _____
 Description: _____

Service/Title: _____
 Organization/Publication: _____
 Date(s): _____ Number of CFMSM Points: _____
 Description: _____

TOTAL Points of Leadership, Authorship and Teaching: _____

Continuing Membership in ACFSA (1 point per year) Number of CFMSM Points _____

Total number of points submitted: _____ (minimum 24 required)