

**Child Nutrition & Wellness**  
**Kansas State Department of Education**  
**Application for Child Nutrition Professional Recognition**

Complete this application and return with copies of class certificates to:  
 Child Nutrition & Wellness, Kansas State Department of Education  
 Landon State Office Building, 900 SW Jackson St., Suite 251, Topeka, Kansas 66612  
 Questions? Call Meg Boggs @ 785-296-2276

Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Sponsor (D0, X0, P0, S0, J0) Number \_\_\_\_\_ Name \_\_\_\_\_

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

Check all Child Nutrition Professional Recognition levels which you have previously been awarded.

- None     
  Bronze     
  Silver     
  Gold     
  Platinum  
                 
 \_\_\_\_\_ Year     
                 
 \_\_\_\_\_ Year     
                 
 \_\_\_\_\_ Year     
                 
 \_\_\_\_\_ Year

Recognition Level Requested:  Bronze     Silver     Gold     Platinum     Diamond

In the space below, list each class to be counted for the award level being requested, the year completed, and the class length in hours. Attach a copy of each class certificate. If you have more than 10 classes to list, attach a copy of this form and list the additional classes on the copy. All training must have been completed within 5 years of the application for recognition and each class will be counted only once within each 5-year period. Only Kansas Department of Education, Child Nutrition and Wellness-sponsored trainings where certificates are issued are eligible.

Class	Year	Hours
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____