



**Continuing Education / Professional Competency Recognition Application  
Competency 5.0 – Food Service Systems Management**

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Event title: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Type Of Event: Conference  Education Day  Webcast  Webinar  Other \_\_\_\_\_

Session Title: \_\_\_\_\_ Start Time: \_\_\_\_\_ Length of Session (hrs): \_\_\_\_\_

Location: \_\_\_\_\_ Website Link: \_\_\_\_\_

|                                     |   |
|-------------------------------------|---|
| <b>Session Description:</b><br><br> | <b>Do you wish to have your Event advertised on the<br/>CSNM Website YES <input type="checkbox"/> NO <input type="checkbox"/></b> |
|                                     | <b>If Yes, please provide Registration details:</b>   |

**Competency 5.0 – Food Service Systems Management**

*Please indicate which areas of the professional competency will be addressed in the session.*

- |  |  |
|--|--|
| <input type="checkbox"/> Plan menus according to established criteria and menu planning guidelines               | <input type="checkbox"/> Adapt regular menus for modified diets                                |
| <input type="checkbox"/> Participate in purchasing, receiving, storing and inventory control                     | <input type="checkbox"/> Participate in equipment and small wares procurement                  |
| <input type="checkbox"/> Supervise food production   | <input type="checkbox"/> Participate in recipe development and standardization                 |
| <input type="checkbox"/> Audit client meals for quality, portion control and accuracy                            | <input type="checkbox"/> Evaluate a cleaning and sanitation program                            |
| <input type="checkbox"/> Evaluate a preventative maintenance program   | <input type="checkbox"/> Maintain/monitor/document standards for workplace safety and security |
| <input type="checkbox"/> Participate in the development /evaluation of plans & strategies for revenue generation | <input type="checkbox"/> Understand the principles behind goal setting and strategic planning  |
| <input type="checkbox"/> Participate in the development and review of policies and procedures                    | <input type="checkbox"/> Recommend improvements in work flow and facility design               |
| <input type="checkbox"/> Coordinate operational activities within the department and with other departments      | <input type="checkbox"/> Investigate new preparation, service, products and technology         |

Application Submission Date \_\_\_\_\_ Submitted by \_\_\_\_\_

**PLEASE ENSURE TO SEND THE COMPLETED FORM TO THE CE PORTFOLIO MANAGER AT: [coned@csnm.ca](mailto:coned@csnm.ca)**

|                            |  |
|----------------------------|--|
| <b>For Office Use ONLY</b> | <input type="checkbox"/> Event Approved      # Points Awarded _____<br><br>Approved by _____ Date _____                        |
|                            | <input type="checkbox"/> Event <b>Not</b> Approved – Please indicate below why the event/session has not been approved for CE. |