

# NDHA REQUIREMENTS FOR FCNS 320



- State Of Illinois Food Sanitation Certificate
- Certification in First Aid and CPR
- Verification of a Nonreactive Tuberculin (TB) Skin Test
- Verification of 100 Hours Work Experience in Food Production
- Verification of the above is due **July 1 for the fall FCNS 320 class, December 1 for the spring FCNS 320 class** and mailed to the following office:

**Barbara Andree, Chief Clerk  
College of Health & Human Sciences Wirtz 227  
Northern Illinois University, 60115**

**SCHOOL OF FAMILY, CONSUMER, AND NUTRITION SCIENCES**  
**Comprehensive major in Nutrition, Dietetics and Hospitality Administration**

All Nutrition Dietetics and Hospitality Administration (NDHA) students are required to be certified in food sanitation and first aid and CPR, prior to enrolling in FCNS 320, Quantity Food Production class. In addition, the students must also have verification of a nonreactive tuberculin (TB) Skin Test.

Food Sanitation Certificate

Acceptable food sanitation certification includes certification from the State of Illinois or from the National Restaurant Association (Serv-Safe).

The **State of Illinois food sanitation certificate** is applicable only within the state of Illinois. This certification may be obtained by completing the State of Illinois food sanitation courses and passing the State examination. These courses are frequently offered by local community colleges. Upon successful completion of the course, a State of Illinois sanitation certificate will be issued to you by the State of Illinois Department of Public Health. A fee is attached to both the course and the certificate.

A **Serv-Safe Certificate** may be obtained from the National Restaurant Association Educational Foundation. Serv-Safe is a national certification and Serv-Safe courses are available from the National Restaurant Association Educational Foundation. Upon successful completion of the course, the National Restaurant Association will issue a Serv-Safe Certificate.

It takes approximately **12 weeks** to complete the course, take the exam and receive your certificate so plan ahead. A copy of either certificate must be submitted to the College of HHS Chief Clerk prior to enrollment in FCNS 320 by the stated deadlines (front cover). Keep the original in a safe place for your future reference.

Certification in First Aid and Cardiac Pulmonary Resuscitation (CPR)

First aid CPR certification can be obtained, for a fee, from the American Heart Association (AHA) or American Red Cross both of which are available at local hospitals, community colleges or other agencies. Online course versions are NOT acceptable at this point.

It takes approximately **6-8 weeks** to receive your CPR certification card once the course is completed. Submit documentation directly to Chief Clerk in the College of HHS.

Two-step Tuberculin Skin Test Mantoux

This procedure may be completed at the NIU Health Services department). No appointment is necessary (8-11:30 and 1-4 on Monday Tuesday, Wednesday or Friday). A two (2) step tuberculin skin test is required. The second TB test must be given no sooner than one week following the first. This second TB test must be read within 48-72 hours.

This procedure will require a total of four (4) appointments to have the results read and documented. Submit documentation directly to Chief Clerk in the College of HHS.

**SCHOOL OF FAMILY, CONSUMER, AND NUTRITION SCIENCES**  
**Comprehensive major in Nutrition, Dietetics and Hospitality Administration**

**100-HOUR PRACTICAL FOODSERVICE WORK EXPERIENCE GUIDELINES**  
**AND WORK VERIFICATION STATEMENT**  
**GUIDELINES FOR NDHA MAJORS:**

**Purpose**

NDHA majors are expected to acquire work experiences relevant to their major. These experiences will enhance the student's learning in their courses and will strengthen their resume. These materials relate only to foodservice experiences. The students should plan to discuss health/nutrition care with their advisor.

The practical work experience is to provide students with exposure to the food service field, and familiarize them with responsibilities and commitments made by professionals in the industry.

Students are expected to:

1. Develop an understanding of how a food service facility operates.
2. Demonstrate ability and interest in food preparation, sanitation, and management.
3. Understand the duties of management and staff in the operation.

**General Information**

1. The practical work experience is required in the major and must be completed prior to enrollment in FCNS 320 Quantity Food Production. No academic credit is given for the practical work experience but its' completion must be recorded in the student's record.
2. Practical work experience over five (5) years old is NOT acceptable.
3. The length of the experience(s) is to be a **minimum of 100 hours**. This experience(s) may be paid or voluntary.
4. The student is responsible for locating the position for the work experience.
5. You should be looking for actual hands-on production or supervisory experience in large-scale full service food and diner operations: (See your advisor if you are unsure of the acceptability of the proposed work experience)

## Examples of acceptable entry-level work for the Practical Work Experience

Examples of work that IS acceptable:

Kitchen Helper  
Catering Production  
Pantry Personnel

Assistant Cook  
Dietary Aide  
Assistant Food Procurer

### Examples of work NOT acceptable:

Office bookkeeper  
Reservationist/hostess  
Grocery Clerk  
Service only in any operation

Wait Staff  
Bus Person  
Cashier/Counter Help  
Coffee shop help

Types of establishments recommended to gain these experiences include (but may not be limited to):

#### Non-Commercial

Long term care facilities  
Hospitals  
University Dining Facilities  
Summer Camp foodservice  
School Foodservices  
Day care facilities

#### Commercial

Restaurants  
Catering operations  
Country Clubs  
Hotels  
Business dining Facilities

#### Volunteer Positions

Food Pantries  
Church Feeding Programs  
Meals on Wheels  
Hospitals

6. The student and employer must complete the attached Work Verification Statement after the work experience has been completed. The completed form should be submitted **by the employer** to the following address:

Barbara Andree, Chief Clerk  
College of Health & Human Sciences Wirtz 227  
Northern Illinois University  
DeKalb, IL 60115

7. See cover page for deadlines.

**SCHOOL OF FAMILY, CONSUMER, AND NUTRITION SCIENCES**  
**Comprehensive major in Nutrition, Dietetics and Hospitality Administration**  
**Northern Illinois University**

**WORK VERIFICATION STATEMENT**

This form is to be completed and signed by both the student and employer after completion of the work experience. Preferably, this form should be filled-out immediately following the work experience.

**THIS PAGE TO BE FILLED OUT BY STUDENT:**

Student Name: \_\_\_\_\_ ZID # \_\_\_\_\_

Student Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Local Phone \_\_\_\_\_

**NAME AND LOCATION OF WORK EXPERIENCE SITE:**

Name of the facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Position held by student: \_\_\_\_\_

Dates of work experience: \_\_\_\_\_

Describe duties performed in this job: \_\_\_\_\_

Student: Please present this completed form and the next page to your employer, along with an envelope that is addressed to:

Barbara Andree, Chief Clerk  
College of Health & Human Sciences Wirtz 227  
Northern Illinois University

This form is to be mailed by the employer back to NIU by the specified deadline (cover page).

Practical Work Experience Employer Report For  
Nutrition, Dietetics and Hospitality Administration  
Northern Illinois University

**THIS FORM TO BE FILLED OUT BY EMPLOYER:**

I verify that \_\_\_\_\_ has performed \_\_\_\_\_ hours  
(student's name)  
of work experience as previously described (may be volunteer time) in this food service facility.

**Comments (if any) regarding work performance/personal characteristics of this student:**

Name of Student: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Supervisor: MAIL FORM by appropriate deadline (see cover page), TO:**

Barbara Andree, Chief Clerk  
College of Health & Human Sciences Wirtz 227  
Northern Illinois University  
DeKalb, IL 60115