



Wisconsin Master Cheesemaker® Program

Funded by the Dairy Farmers of Wisconsin and administered by the Center for Dairy Research

APPLICATION for Wisconsin Master Cheesemaker® Program

Interactive electronic fillable form, highlight where you should type. If you prefer please print or type, do not use pencil to fill out application.

Name _____ email _____ Plant address _____ Home address _____
Address _____ City _____ State _____ Zip _____
Telephone/work _____ Cell/home _____ Fax _____

The applicant must be a full-time employee and have day-to-day direct authority and responsibility in making decisions to maintain and improve cheese quality.

Do you have a Wisconsin Cheesemaker License? Yes ___ No ___

Date License Received _____ License Number _____

Do you have a Wisconsin Cheese Grader's License? Yes ___ No ___

Date License Received _____ License Number _____

Does your plant have a current Food Safety program including HACCP in place? Yes ___ No ___

The applicant must be employed at a cheese plant that has a current Food Safety program including HACCP in place before the final exam is given. If there is no Food Safety program in place at the time of the first walk through, then a second walk through will be done at the end of the program before the final exam is sent out.

Employment (Include all relevant information relating to cheesemaking.) List in detail all positions you have held for the last ten years. Start with present position. Give nature of duties and degree of responsibility. Use separate sheet, if necessary, to complete listing or to explain all job responsibilities.

Employer _____ **Location** _____ **Position** _____

Duties _____

Employer _____ **Location** _____ **Position** _____

Duties _____

Employer _____ **Location** _____ **Position** _____

Duties _____

Additional Information

What varieties of natural cheese are being manufactured at your plant? _____

How often is each natural cheese produced? _____

What 1 or 2 varieties of natural cheese do you wish to be certified for? 1. _____

2. _____

How many years have you been manufacturing each variety of natural cheese? 1. _____ 2. _____

List membership and activities in cheesemaker associations or technical organizations



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Do you enter cheese contests? Yes ___ No ___

- ☉ Contest Entered / Results _____ Date Entered _____
Natural Cheese(s) Variety _____
- ☉ Contest Entered / Results _____ Date Entered _____
Natural Cheese(s) Variety _____
- ☉ Contest Entered / Results _____ Date Entered _____
Natural Cheese(s) Variety _____

Higher Education: College, University, Vocational School, Other

Name of School _____ Dates attended _____
 Major _____ Degree obtained _____ Date recieved _____
 Name of School _____ Dates attended _____
 Major _____ Degree obtained _____ Date recieved _____
 Name of School _____ Dates attended _____
 Major _____ Degree obtained _____ Date recieved _____

Short Courses, Seminars attended as required for the Wisconsin Master Cheesemaker® Program. (Enclose proof of attendance - copies of course certificates.)

Name of Course	Location	Dates Attended
Cheesemaking Fundamentals or Cheesmakers Short Course	_____	_____
Milk Pasteurization & Process Control & and Certification	_____	_____
Cheese Grading & Evaluation	_____	_____
Cleaning and Sanitation or Advanced Sanitation	_____	_____
Food Safety – HACCP or PCQI	_____	_____
Advanced Cheesemaking Italian Varieties	_____	_____
Advanced Cheesemaking Artisan Varieties	_____	_____
Advanced Cheesemaking American Varieties	_____	_____
Elective Courses, list each course below:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Letters of Recommendation

Submit 2 letters of recommendation (one from processing, one from a customer).

1. The applicant must be a full-time employee of a licensed Wisconsin cheese plant and have day-to-day direct authority and responsibility in making decisions to maintain and improve cheese quality.
2. The applicant must produce each variety of cheese for a minimum of five years before applying for certification in additional cheeses.
3. Products must pass evaluation for 3 years before they are certified.
4. The applicant must be employed at a cheese plant that has a current Food Safety program including a food safety plan in place before the final exam is given. If there is no food safety program in place at the time of the first walk through, then a second walk through will be done at the end of the program before the final exam is sent out.
5. A plant visit will be conducted by two representatives from the WMCM Board. The plant can approve which members of the committee review the plant. The applicant will undergo an oral exam during the visit.
6. Eight prescribed Short Courses must be completed within the 3 year program. Previous certifications must be within 5 years of the application date to be applied to the program.
7. I agree to fulfill the requirements listed and the information provided in this application is true to the best of our knowledge.

Signature

Date

Send Completed Application to:

John Jaeggi, Wisconsin Master Cheesemaker Coordinator
1605 Linden Drive, Madison WI 53706 | jaeggi@cdr.wisc.edu