



# Wisconsin Master Cheesemaker® Program

Funded by the Dairy Farmers of Wisconsin and administrated 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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone/work \_\_\_\_\_ Cell/home \_\_\_\_\_ Plant adr. \_\_\_\_ Home adr. \_\_\_\_

**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 \_\_\_\_\_  
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 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](mailto:jaeggi@cdr.wisc.edu)