

PSA Grower Training Course Registration Form

SUBMIT ONE (1) COMPLETE APPLICATION FOR EACH COURSE DATE AND LOCATION

PSA Grower Training Courses must be registered at least 2 weeks in advance of the training date to ensure proper paper work can be completed

Submit this form with the requested documentation to:

Association of Food and Drug Officials
155 West Market Street, 3rd Floor, York, PA 17401
Phone: 717-757-2888 Fax: 717-650-3650
E-mail: afdo@afdo.org

For AFDO Use Only

Date Received: _____ Payment Date: _____
Date Approved: _____ Cert. Ship Date: _____

1. APPLICANT:

	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
Title			
Mailing Address			
Phone		Fax	
E-mail			

2. COURSE DATE(S):

Location			
Street Address			
City		State	
Zip code		Country	
Expected Number of Students:		Total Cost per student:	

This course is: Available to the Public Private

What is the primary language of your course participants? _____

In what language will the course be conducted? _____

The PSA Grower manual is currently available in English and Spanish. All participants must receive training in a language that they understand. This includes having a PSA Grower Training manual that is written in the same language that participants easily understand and is in the same language in which the course is delivered. Translations must be reviewed by PSA prior to use. If the primary language of the audience is anything other than English or Spanish, the course will not be approved and must not be delivered until approved translated materials are available.

3. POSTING COURSE INFORMATION:

Do you want the course information posted on the AFDO and PSA websites?

Yes No

If yes, and you would like flyers or registration linked to dates posted on the PSA Website, please send the information in an email to Michele Humiston (mmc15@cornell.edu) or include the link here:

4. TRAINERS AND QUALIFYING CREDENTIALS:

At least one PSA Lead Trainer is required to be physically present for the entire course. Please list all PSA Lead Trainers and PSA Trainers (if applicable) who plan to deliver course modules.

PSA Trainer Type		<i>Name</i>
<input type="checkbox"/> Lead Trainer	<input type="checkbox"/> Trainer	_____
<input type="checkbox"/> Lead Trainer	<input type="checkbox"/> Trainer	_____
<input type="checkbox"/> Lead Trainer	<input type="checkbox"/> Trainer	_____
<input type="checkbox"/> Lead Trainer	<input type="checkbox"/> Trainer	_____
<input type="checkbox"/> Lead Trainer	<input type="checkbox"/> Trainer	_____
<input type="checkbox"/> Lead Trainer	<input type="checkbox"/> Trainer	_____
<input type="checkbox"/> Lead Trainer	<input type="checkbox"/> Trainer	_____

5. COURSE ADDITIONS:

The PSA Grower Training Course is designed to be delivered in one day or seven hours of dedicated instruction time. You may host a training that is longer than one day, as long as all seven curriculum modules are covered in full, and you have confirmation that attendees were present for all seven modules.

Do you plan to host a multi-day training?

Yes
 No

If yes, please submit a course agenda along with this registration form.

What additional materials or content areas do you plan to cover?

- Farm food safety plan writing workshop
- Commodity/industry specific information
- Third party audits
- Other (Please Describe):

6. PAYMENT FOR CERTIFICATES:

Payment for PSA Grower Training Course Certificates (\$35 each) should be paid to AFDO in one check for all participants of a course and sent to:

Association of Food and Drug Officials,
155 West Market Street, 3rd Floor,
York, PA 17401

Payment can also be made by credit card via phone (717-757-2888), fax (717-650-3650), or email (afdo@afdo.org)

Domestic Courses select ONE option:

- Please mail printed certificates to all course attendees.
OR
- Please email electronic certificates to all course attendees.

International Courses select ONE option:

- Please email electronic certificates to all course attendees.
OR
- Please print certificates for all course attendees and send all certificates to the following address for further distribution by:

Name _____
Street Address _____
City _____ State _____
Zip code _____ Country _____

Signature of the applicant and/or the PSA Lead Trainer or PSA Trainer denoting agreement to conduct the described training in accordance with the PSA/AFDO Training Course Requirements and to be responsible for ensuring certificate fees are paid.

Signature: _____ Date: _____
Printed name: _____