

Seafood HACCP Alliance Trainer

APPLICATION FORM

(Use attachments if more space is required)

CONTACT INFORMATION			
Name:			
Address:			
Telephone:		Cell Phone:	
Fax:		e-Mail:	
OCCUPATION AND EXPERIENCE			
Position Description with relevance to HACCP and Seafood Processing:			
HACCP Experience (Implementation and Training):			
Have you taken the Basic (3-Day) SHA Alliance Seafood Course? <input type="checkbox"/> YES <input type="checkbox"/> NO			
References per HACCP and Seafood Processing Experience (Minimum of three(3)):			
Attach Condensed Vitae (maximum 2 pages) to include professional affiliations related to seafood safety, any related publications, training programs or seafood HACCP implementation)			
RESPONSIBILITY AS SEAFOOD HACCP ALLIANCE TRAINER			
By signing this document, I acknowledge that HACCP and related Sanitation Control Procedures courses, in order to be denoted as Seafood HACCP Alliance courses with Association of Food and Drug Officials (AFDO) certification, must comply with the established training protocols. These protocols can be found on the AFDO web site, www.afdo.org , and include prior course approvals, use of core training manuals, standard training formats, and associated registration fees.			
Any misrepresentation of the protocol, the Alliance or AFDO can result in revocation of the qualified trainer status.			
SIGNATURE		DATE	
SUBMIT APPLICATIONS to: afdo@afdo.org or mail to AFDO, 155 W Market Street, 3rd Floor, York PA 17401 - Attention: Alena King			