

TRAINING COURSES PRESENTED:

DATE	AUDIENCE SIZE/COMPOSITION (REGULATORY/INDUSTRY)	COURSE NAME/LOCATION	LENGTH (HRS)

CORRECTIVE ACTION PLANS DEVELOPED:

DATE	ESTABLISHMENT NAME	RISK FACTOR CONTROLLED	OUTCOME

20 Contact Hours every 36 months after Initial Standardization is completed. (Provide supporting documentation separately.)

CONTINUING EDUCATION:

DATE	TRAINING TITLE	DESCRIPTION	NUMBER OF CONTACT HOURS

SUPERVISOR' SIGNATURE (Confirming request for re-nomination):

NAME (Signature): _____ **DATE:** _____

NAME (Print): _____ **TITLE** (Print): _____

CANDIDATE' SIGNATURE (ANNUAL MAINTENANCE INFORMATION confirmed):

NAME (Signature): _____ **DATE:** _____

NAME (Print): _____ **TITLE** (Print): _____

For Office Use Only:

- CONDUCTED 15 STANDARDIZATION EXERCISES
- JOB RESPONSIBILITIES CONDUCTING FOOD SAFETY TRAINING AND/OR STANDARDIZATION
- 20 CONTACT HOURS OF TRAINING
- CONDUCTED or COORDINATED A MINIMUM OF 15 TRAINING COURSES OR CAP'S OR COMBINATION

COMMENTS:

APPROVED DISAPPROVED SIGNATURE: _____ DATE: _____

ASSIGNED TO: _____ CENTRAL OFFICE REGION # _____