

NUTRITION PROGRAMS
MEAL SITE COORDINATOR FOUNDATIONS
TRAINING ROSTER & SIGN-IN SHEET

Course Location

Date

Course Hours:
Facilitator:

Name (Last, First)	E-mail Address	Please initial
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

Name (Last, First)	E-mail Address	Please initial
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Certification of Training Completion: _____

Facilitator Signature

PRIVACY STATEMENT

General - This information is provided to document preparation and compliance with Federal & State Nutrition Program requirements. Information collected will be used only for purposes of documenting provision of and participation in these programs for reporting and compliance purposes. Any Federal use complies with Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Purposes and Uses - The information on this form is used in the administration of the State Training Program. The purpose of this form is to document trainees and completion of training; and it serves as the principal repository of personal, fiscal, and administrative information about trainees and the programs in which they participate.