

APPLICATION TO ATTEND A CERTIFIED PORK QUALITY ASSURANCE® PLUS ADVISOR TRAINING SESSION

Session Date:	Session Location:	
Please complete and return to the	ne attention of:	
either by faxing to:	or by email to:	
by:		
PERSONAL DETAILS		
Last Name:	First Name:	Middle:
Complete Mailing Address:		
Telephone:	Fax:	
E-mail:		
This is a: □ Certification □ Re-C	Eertification	
CERTIFIED PQA PLUS® ADVISO	OR QUALIFICATION	
definition of an ag educate training) and 2. Having a D.V.M., or B.S. in 3. Having two years of recen	g an Extension Specialist, or being an Ag Educator or is a person who spends full time in adult education. Animal Science (or equivalent) and at documentable swine production experience. I PQA Plus Advisor training session by:	,
□ Extension Specialist □ Veteri	inarian □ Ag Educator □ B.S. in Animal Science	(or equivalent) 🗆 DVM
Degree obtained from (institution	n and year):	
lf applying as an Ag Educator, pl Ag Educator.	ease provide a complete description of how your jo	ob satisfies the PQA Plus® definition of an
Describe how you satisfy the Cer	rtified PQA Plus® Advisor requirement for two years o	of recent documentable swine experience.
Signature:	Date:	

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