USDA-Agricultural Marketing Service
Fruit and Vegetable Programs
Fresh Products Branch- Audit Programs

Summary of Continual Professional Development Completed

Auditor Name:		Office:
Date of Training	Name of Course or Training Class	Class Hours

By signing below, I declare that the information listed above is a true and accurate list of courses and training taken or attended for the purposes of meeting the USDA AMS Auditor Requirement of Continual Professional Development as listed in AMS 1C.

Auditor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Exhibit D
FPB 701B
4/30/2008