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

Continual Professional Development Approval Form

This form needs to be completed for any continual professional development used to satisfy the AMS auditor requirements. When completed, please forward to USDA Field Operations Section.

Name of Auditor:_____

Office:_____

Date(s) of Class and classroom hours of class:_____

Name of Course or Training class:_____

_____

Name of entity providing the course or training class: _____

_____

Provide a description of the course or training class agenda and how it relates to auditing: (A copy of the course or training class description must be attached) Attach additional pages if necessary.

Auditor Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____

Approving Official Signature:_____ Date:_____

Exhibit C
Form FPB 701a
4/30/2008