

## PQAPLUS Our Responsibility. Our Promise. APPLICATION TO ATTEND A CERTIFIED PORK QUALITY ASSURANCE PLUS® ADVISOR TRAINING SESSION

Session Date:	Session Location:	Session Location:	
Please complete and return to the attent	ion 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: $\Box$ Certification $\Box$ Re-Certification	fication		
<ul> <li>the definition of an ag educator is a production training) and</li> <li>2. Having a D.V.M., or B.S. in Animal</li> <li>3. Having two years of recent docume</li> <li>I qualify for attending a Certified PQA I</li> </ul>	a person who spends full time in adu Science (or equivalent) and entable swine production experience Plus Advisor training session by: ian	e. imal Science (or equivalent) □ DVM	
Describe how you satisfy the Certified P experience.		wo years of recent documentable swine	
Date:			
Dutt			