

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 atten	tion 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		
the definition of an ag educator is production training) and 2. Having a D.V.M., or B.S. in Anima 3. Having two years of recent docum I qualify for attending a Certified PQA	a person who spends full time in adu Il Science (or equivalent) and entable swine production experience Plus Advisor training session by: rian □ Ag Educator □ B.S. in Ani year):	mal Science (or equivalent) □ DVM	
Describe how you satisfy the Certified 1 experience.		wo years of recent documentable swine	
Signature:			
Date:			