



Child and Adult Care Food Program
Comprehensive Online Training
Train the Trainer Application

Sponsoring Organization Name: _____

Name & Title: _____

Address: _____

Email: _____

Please describe the reason for the need in facility for a group training with a trainer:
(i.e. English as 2nd language, computer issues, etc.)

Date Online Training was completed by you: _____

Grade Received: _____

Is Sponsoring Organization in Good Standing: (please circle your answer for each question)

Approved CACFP Application with NH DOE: Yes / No

All Corrective Action Plans submitted & approved by NH DOE: Yes / No

Your Sponsoring Organization has not been declared Seriously Deficient within the past 7
years: Yes / No

Your Sponsoring Organization nor yourself appears on the National Disqualification list or
has an outstanding debt: Yes / No

Print Trainers Name

Print Directors Name

Signature Trainers Name

Signature Directors Name

For NH DOE Use Only: Approval Date: _____ Approved By: _____
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