**FOOD SAFETY AND HACCP CONTINUING EDUCATION REPORT**

**Complete this report (or equivalent) for all Food Safety/HACCP-related continuing education and insert in *Part 4: Continuing Education and Professional Development***

| Continuing Education Title/Name |  |
| --- | --- |
| Date: |  |
| School/Location: |  |
| Instructor Name: |  |
| Source of Continuing Education: |  |
| Number of Hours: |  |
| List Topics or Objectives Covered:  (Attach agenda or outline if available)  Continuing education Agenda/Outline is attached:  □ Yes □ No |  |

*A copy of the continuing education certificate may be attached providing the information above.*

TITLE: DATE:

| **NAME** | **SCHOOL** |
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**FOOD SAFETY AND HACCP CONTINUING EDUCATION REPORT** continued

TITLE: DATE:

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