

Appendix B

OMB Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

Thank you for your interest in Produce Safety University. Please complete this online form no later than **insert date** to be considered for the **insert year** program. For more information about Produce Safety University visit: <https://www.fns.usda.gov/ofs/produce-safety-university>.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0584-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

1. Name:

First Last

2. Work Email Address: _____

3. Work Phone Number: _____ - _____ - _____

4. Job Title: _____

5. Please provide your work address.

Street Address: _____

Address Line 2: _____

City: _____

State/Province/Region: _____

Postal/Zip Code: _____

6. Select your organization type. (Check one)

- School district
- State agency
- Other

If school district is selected for Q6, show Q7, otherwise proceed to Q8.

7. How many students are enrolled in your school district? (Check one)

- Small (Less than 999)
- Medium (1,000 – 4,999 students)

- Large (5,000 - 24,999 students)
- Very large (more than 25,000 students)

8. Provide the name of your school district/State agency/other organization:

9. Does your organization participate in federally funded Child Nutrition programs?

- Yes
- No

10. How many years have you worked in Child Nutrition? (Check one)

- 0-5 years
- 6-10 years
- 11-15 years
- More than 15 years

11. Provide the name and contact information of the person who nominated you to attend Produce Safety University.

Name:

First Last

Work Email Address: _____

Work Phone Number: _____ - _____ - _____

12. Have you previously attended Produce Safety University?

- Yes
- No

13. Select your top 3 training dates. All times are shown in Eastern time.

	Date and time	Date and time	Date and time	Date and time	Date and time
First choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No session preference.