

I _____ received training on _____
(Provider's Name) (Date)

regarding The New Pattern from _____. I have been given a quiz which
(Monitor)

must be completed and returned to CMA by _____. I understand that I must
(1 week from today's date)

receive a passing score in order to participate and be eligible for Child and Adult Food Care Program

(CACFP). If I have any questions I will call CMA and/or my monitor.

Provider's Name: _____

Provider's Signature: _____

Date: _____

Monitor Signature: _____

Director's Approval: _____ Date: _____