

SHA/AFDO Seafood HACCP Training Program

**DOMESTIC COURSE REGISTRATION FORM**

**SUBMIT ONE (1) COMPLETE APPLICATION FOR EACH COURSE DATE AND LOCATION**

Submit this form with the requested documentation to:

Association of Food and Drug Officials  
155 W Market Street – 3<sup>rd</sup> Floor, York, PA 17401  
717-757-2888 ♦ fax 717-650-3650 ♦ email [afdo@afdo.org](mailto:afdo@afdo.org)

**Applications must be submitted 20 calendar days prior to the course start date. Approval must be obtained prior to the start date of the course for Course Completion Certificates to be issued.**

**1. APPLICANT**

	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
Title			
Mailing Address			
Phone		Fax	
E-mail			

**2. COURSE:** (check one) ☐ **HACCP** (16 contact hours) ☐ **SCP** (6.5 contact hours) ☐ **Segment II** (6.5 contact hours)  
(Please provide justification if planning less than the required contact hours)

Course Date: \_\_\_\_\_ Course Location (city/state): \_\_\_\_\_

Expected Number of Students: \_\_\_\_\_

If course will be taught in a language other than English, list language: \_\_\_\_\_

This Course is: (check one) ☐ Available to the Public ☐ Closed to the Public

**3. TRAINERS AND QUALIFYING CREDENTIALS: Attach brief vitae for all Assistant Trainers without an AFDO “current” certificate number. Required 2 Trainers for more than 15 students.**

	<i>Name</i>	<i>Certificate # (completed by AFDO)</i>
a. Supervisory Trainer *	_____	_____
b. Assistant Trainer	_____	_____
c. Assistant Trainer	_____	_____
d. Assistant Trainer	_____	_____

*\*Supervisory Trainer must be AFDO “qualified” according to the SHA/AFDO Seafood HACCP and SCP Training Protocol and be present for the duration of the course.*

**4. AFDO LIAISON:** Optional – See Section 8.6 of the HACCP and SCP Training Protocol

I will be using the appropriate AFDO Affiliate to help facilitate my course (i.e., registration, purchase manuals, and provide payment to AFDO for course certificates) ☐ Yes ☐ No

5. **COURSE AGENDA:** Attach a copy of the course agenda you will be using for this course. Course agenda must meet the requirements as outlined in the Protocol, Appendix I, II and III. **Assure all topics are covered, and minimum contact times are met.** Be advised the protocol and training manuals provide example agendas that may include a range of times. You will need to **PROVIDE ACTUAL PROPOSED TIMES AND SHOW THAT THE COUSE IS A MINIMUM OF 16 CONTACT HOURS (HACCP) or 6.5 CONTACT HOURS (SCP AND SEGMENT II).** NOTE: If you plan to teach the course agenda in less than the specified minimum contact hours you will need to justify your decision in writing before approval can be considered. For Basic Courses attach a copy of the Course Hours spreadsheet.

6. **TRAINING MATERIALS:**

**I certify that all training materials, including guides/manuals, slide sets, and training models used are the latest versions approved SHA/AFDO Training Materials as outlined by the protocol.**

☐ YES

☐ NO

If NO, please explain: \_\_\_\_\_

7. **COURSE REGISTRATION FEE:** Total cost/student \$ \_\_\_\_\_

Registration fee must include:

- a) **\$50** per HACCP student, or **\$40** per SCP student to AFDO for recording and preparing the AFDO Certificates of Course Completion
- b) **\$70** for the HACCP manuals, or **\$35** for the SCP training manuals
- c) **\$25** per student for Regional Affiliate (optional)

*NOTE: The total cost per student should be reasonable for necessary Trainer(s), travel, facilities, equipment, and related materials. **If the cost per student is over \$600.00, please itemize below.** The Alliance does not specify any specific limit for the cost per student, but the course approval process can question any apparently excessive costs in order to encourage access to affordable education that advances seafood safety. All approved courses with the respective costs per student will be posted on Alliance maintained websites.*

**Additional Costs per Student**

**Specific Justifications**

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8. **MISCELLANEOUS INFORMATION:** For open courses only – please specify any additional information you would like to be included when the course is posted to the Upcoming Courses on the AFDO website (i.e. registration website, any cost differences, etc.).

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*Signature of the applicant and/or Supervisory Trainer denotes agreement to conduct the described training in accordance with the SHA/AFDO Seafood HACCP and SCP Training Protocol and to be responsible for all fees.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_