FARMERS' MARKET NUTRITION PROGRAM (FMNP) VERIFICATION OF PARTICIPATION IN FARMER TRAINING

Participation in the Farmers' Market Nutrition Program is voluntary. Completion of this form meets the requirements of Federal Reg. 248.10 and the waiver which states that a face-to-face, virtual, phone, or web-based training is required for farmers to participate in FMNP. **Only the farmers who did not participate the previous year should complete this form.**

Date of Training		Location of Training (county/market)		
Name of Trainer		Agency Name (of Trainer)		
		Agency Name (of Trainer)		
Farmer Name	Address	Email	Phone/Area Code	Farmstand?
I verify that farmers listed here have been to	ained for EMNP participation		Date Signed	
I verify that farmers listed here have been trained for FMNP participation. SIGNATURE – FMNP Trainer			Date orgined	