



**FARMERS MARKET NUTRITION PROGRAM TRAINING ACKNOWLEDGEMENT FORM**

Farmer Name \_\_\_\_\_

Name of Farm \_\_\_\_\_

Date of Training \_\_\_\_\_

The farmer shall print their name in the paragraph that follows and read accordingly:

I, \_\_\_\_\_, hereby acknowledge, through my signature below, that I have been trained for the Farmers Market Nutrition Program. I acknowledge I am familiar with the current Farmer Handbook, considered part of the current Farmers Market Nutrition Program Agreement. I understand how to fill out vouchers upon receipt. I am familiar with various kinds of fraud, and sanctions for non-compliance with the farmer agreement. I further acknowledge that by signing this form, I am obligated to ensure that all of my employees are trained on Farmers Market Nutrition Program rules and regulations.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Dept. of Health Farmer Market Representative:

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_