

DATE \_\_\_\_\_

**Kentucky Department of Education  
Division of School and Community Nutrition  
Sponsor In-Service Training Documentation  
REGISTRATION FORM**

Name of Institution: \_\_\_\_\_ Location \_\_\_\_\_

Training Conducted by: \_\_\_\_\_

- Topics Covered:  Civil Rights (Mandatory)  
 (Check all that apply)  Meal Patterns  
 Meal Counts  
 Claim Submission  
 Review Procedures  
 Record Keeping Requirements  
 Reimbursement System  
 Updates from Annual Training  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Printed Name	Signature	Title	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*\*Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature \_\_\_\_\_ Date \_\_\_\_\_