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)  
☐ 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.  
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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 ___________________________

*7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1