



Florida Department of Agriculture and Consumer Services  
Bureau of Compliance Monitoring

**Florida Agricultural Workers Safety Program**



***Train the Trainer (TTT) Certificate of Completion  
General Instructions***

---

If you are a registered WPS Train-The-Trainer Sponsor Instructor, please submit the following information to request Certificates of Completion for your trainees.

Each Training package must contain the following documents/information:

1. **Cover Letter**-The Instructor can use a cover letter (See attached example). It must be signed by the Registered Sponsor Instructor. In the case of multiple instructors participating in one training session, the organizer or leading registered Sponsor Instructor must sign it. It must include at least the following information:
  - a. Training Date
  - b. Training Sponsor Location (Sponsoring County Extension Office or Organization)
  - c. Any other training information that might be of importance
2. **Updated Training Agenda** (if applicable) - It is required to submit a Training Outline at the WPS TTT Sponsor Instructor Registration time. If your training has been updated then a copy must be submitted again to the Agricultural Worker Safety Program. For training information please refer to "FDACS WPS TTT Criteria and Curriculum".
3. **Trainer Application form**
  - a. Make sure that it is signed by the Registered Sponsor Instructor (bottom left box) and the participant as well (keep a copy for your records (optional) and send the originals to WPS Coordinator, Alachua Regional Service Center, 14101 NW Hwy 441 Suite 200, Alachua, FL 32615-5669).

Please have participants completely fill the application out and make sure training packages include the required information. It will reduce the Certificate of Completion sending time and also will enhance our database information. Also, training packages must be sent within the **15** calendar days from training date.

If you have any question regarding to these instructions, please contact Worker Safety Coordinator at [wps@freshfromflorida.com](mailto:wps@freshfromflorida.com) or at (386) 418-5523 or (386) 418-5525.

**-THIS IS ONLY A DRAFT EXAMPLE-**

Company/Organization Logo and Information

Date

Sonia I Cotto Febo  
Coordinator  
Florida Agricultural Workers Safety Program  
Alachua Regional Service Center  
14101 NW Hwy 441 Box 200  
Alachua, Florida 32615

Dear Mrs. Cotto-Febo:

On \_\_\_\_\_, \_\_\_\_\_ sponsored a Worker Protection Standards Trainer -The-  
Trainer Session at the following location \_\_\_\_\_. We had a total of  
\_\_\_\_\_ participants.

The Leading trainer or trainer in charge of this session was Mr. (s) \_\_\_\_\_. This  
training was done pursuant to 40 CFR Part 170, WPS Pesticide Safety training requirements for  
agricultural workers and pesticide handlers.

I have enclosed a Training Agenda and the participant's TTT application forms.

Sincerely,

Instructor's Name

Enclosures