



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) - 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. All trainees attending a WPS TTT Session must complete a WPS Trainer application.
 - b. Make sure that it is signed by the Registered Sponsor TTT 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 to include all 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@doacs.state.fl.us or at (352)392-4721, (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