

Ohio 4-H Quality Assurance Program Verification Form Trumbull County

4-H member name: _____ 4-H age: _____

- 1) I have successfully completed a quality assurance program outside of Trumbull County.
The program I participated in was:

Event: _____ Date: _____
(ie: other county, Ohio Beef Expo, etc.)

Coordinated by: _____
(list instructor)

Main components of program: _____

OR

- 2) If you tested out of Quality Assurance at an event other than Trumbull County 4-H QA testing dates, please list complete the following:

Event: _____ Date: _____
(ie: Ohio Beef Expo, etc.)

Test coordinated by: _____
(list proctor of test)

Test type: _____ Small Animal _____ Large animal (check one)
 _____ 12-14 yrs _____ 15-18 yrs (check one)

Test score: _____

I, attest that _____ has completed his/her
(Insert 4-Her's name)

requirement for Quality Assurance by 1) participating in our program or 2) testing out during our program. Please contact me with any questions.

Coordinator: _____
(Please print)

Signature: _____

Title: _____ Phone: _____

Address: _____

