

**Nebraska Department of Education**  
**Nutrition Services**  
Summer Food Service Program (SFSP)  
Training Certification

Sponsor Name \_\_\_\_\_

Telephone \_\_\_\_\_

Date(s) of Training Session(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name(s) of Sponsor Personnel Who Conducted Training Session(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Training Topics:

- List training topics per session(s) **or**
- Identify training topics per session using checklist(s) on the reverse of this page **or**
- Attach training agenda(s).

The Following Person(s) Attended:

Representing SFSP Site:

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This is to certify that: (a) all sponsor and site personnel have been trained in regard to SFSP duties/ responsibilities as outlined in the current SFSP Administrative Guidance for Sponsors handbook and have access to appropriate SFSP materials including the Monitor's Guide, Nutrition Guide for Sponsors handbook and Site Supervisor's Guide, as necessary; (b) site will be allowed to operate at any time unless the personnel at that site have not been trained, and (c) attendance records for each training with signatures of those attending are maintained on file at the sponsor's office.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\* At least one (1) training session must be conducted prior to the opening of the food service operations. Keep in your file.

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