

Submit this form to Kaiping Deng, SSA coordinator, at kdeng3@iit.edu

*Required
Contact Information
First Name*
Last Name*

Title*
Email*
DI *
Phone*
Organization/Employer*
Danisian /Tislar
Position/Title*
Mailing Address*
C'I. *
City*
State*
7* * B . I C . '
Zip*or Postal Code
Country*



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Expertise

The Alliances Courses You Had Taken*	
☐ Sprout Safety Alliance (SSA) Lead Instructor Training Date:; Offered	
by:	
☐ Produce Safety Alliance (PSA) Lead Instructor Training Date:; Offered	
by:	
□ Food Safety and Preventive Controls Alliance (FSPCA) Lead Instructor Training	
Date:; Offered by:	
Date, Offered by	
Relevant Trainings You Had*	
☐ HACCP (General) Date:; Offered by:	
☐ HACCP (Juice) Date:; Offered by:	
HACCP (Seafood) Date: ; Offered by:	
Good Agriculture Practices (GAPs) Date:; Offered by:	
☐ ServSafe Date:; Offered by:	
Good Manufacture Practices (GMPs) Date:; Offered by:	
☐ Better Process Control School Date:; Offered by:	
Other:; Offered by:	
☐ Other:	
 □ Animal food production □ Audits/inspections by your own □ Audits/inspections with a lead inspector □ Food processing environmental monitoring □ Food distribution □ Food manufacturing/processing (check all that apply) □ Aseptic processing □ Process-specific (please list) 	
☐ Food microbiology	
☐ Food safety training	
☐ Food testing laboratory	
☐ Microbiology ☐ Chemistry ☐ Toxicology	
□ Food warehousing	
☐ Good Agricultural Practices	
☐ Good Manufacturing Practices	
☐ Hazard Analysis/HACCP	
☐ Biological hazards	
☐ Chemical hazards (including radiological)	
_ sssaazaras (moraamiji raarorojioar)	
☐ Physical hazards	



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	Public health service/regulatory Recall programs Risk analysis Sampling programs Sanitation Sprout production Supply chain management Statistical analysis Toxicology Traceability Other specific expertise (please list)
Kno	wledge of the FDA Produce Safety Rule*
Safe	e you read the FDA Produce Safety Rule - Food and Drug Administration (FDA), FSMA Final Rule on Produce ty- Standards for the Growing, Harvesting, Packing, and Holding of Produce for Human Consumption (21 CFR p.74547-p.74568)?
Yes	□ No □
Kno	wledge of sprout production*
http	e you watched Video: Safer Processing of Sprouts: os://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF- =You+Tube+Safer+Sproutts
Yes	□ No □
Hav	e you visited a sprouting operation? * Yes \square No \square
If "Y	'es", how many sprouting operations have you visited in the past 5 years?
_	e you participated in the SSA activities? * Yes \(\square\) No \(\square\) If "Yes", please check all apply
	Technical Working Group conference calls
	Education/Outreach Working Group conference calls SSA Slide Review Committee
	SSA-hosted webinars
	Others



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Education.	Experience	and Referei	nces*

Educational	Background*	(starting from	the highest	degree
Euucationai	Dackground	(Starting Holli	tile iligilest	uegreer

Experience in teaching training courses *	End Date
mployer Position/Title Start Date xperience in teaching training courses *	
mployer Position/Title Start Date xperience in teaching training courses *	
mployer Position/Title Start Date Experience in teaching training courses *	
mployer Position/Title Start Date xperience in teaching training courses *	
mployer Position/Title Start Date	
	Location
Course Name Are you a lead instructor? Date	Location
	LUCATION
Publications, Papers or Workshops Presented (brief summary of teaching, res	search, a
writing activities, if applicable) (5 most recent)	
S. C. C. LACCIE CO. L. C.	
Professional Affiliations and activities involved in with that association (list fo memberships, if applicable)	ood proc



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References who have knowledge about the applicant's food safety and/or sprout experience (please provide two) *

Name	Title	Organization	Email	Phone
Additional Inf	formation			
How do think your t FDA's Produce Safet		ll benefit sprout growe	rs to implement best	practices that comply with
Please indicate if yo Matter Expert (SME) Yes No		d in participating as a S	SA Technical Assistand	ce Network (TAN) Subject
Please indicate your English Spanish German Italian Portuguese Chinese (indicate Other (list)	types):	all that apply. *		
fund needs. * Yes No	ng support to attend to		ourse? If yes, describe	e training and / or travel
Tes				
□ No				



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Applicant Agreement

By checking following boxes,		
☐ I hereby acknowledge the informat	on provided to be accurate, factual, and reliable.	
	nd Criteria of this application form and understand that my personal n criteria for becoming a qualified SSA Trainer.	
• •	ning materials and protocols must be used for all SSA trainings and each attended the full SSA Train-the-Trainer course.	1
Signature:	Date:	