



**UINTA COUNTY 4-H  
QUALITY ASSURANCE VERIFICATION FORM**



This form should be used to verify attendance at a non-Extension sponsored workshop or to receive credit through FFA

4-H Member's Name: \_\_\_\_\_

Organization presenting the Quality Assurance training: \_\_\_\_\_

Contact person for training: \_\_\_\_\_ Phone number: \_\_\_\_\_

Title of the training: \_\_\_\_\_ Date of the training: \_\_\_\_\_

I verify that the above stated youth attended a quality assurance training which covered a portion of animal husbandry topics based around at least one of the following focus points: 1. Daily care and management prevention; 2. Animal handling, carcass and product quality; or 3. Medication and health products.

Signature verification: \_\_\_\_\_ Date: \_\_\_\_\_

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**Note to 4-H Youth**

Please have the program instructor or coordinator sign this form. If it was presented as part of your FFA program, please have your advisor sign it. It is then your responsibility to return it to:

Uinta County Extension Office  
228 9<sup>th</sup> St  
Evanston, WY 82930

Youth will be reminded of the quality assurance requirement until this verification form has been completed and turned into the Extension Office.

If you have questions please give us a call at 307-783-0570.