

Ohio 4-H Quality Assurance Program Verification Form
Ashtabula County

4-H Member Name: _____ 4-H Age: _____

4-H Club : _____

1) I have successfully completed a quality assurance program outside of Ashtabula 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 Ashtabula County 4-H QA testing dates, please list complete the following:

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

Test coordinated by: _____ Date: _____
(list proctor of test)

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

