

Candidate's Guide to Seed Analyst Accreditation

Appendix F. Seed analyst training sign-off sheet

This verifies that:

_____ (name of trainee)

has received the required number of hours* of training as required in Section 4.2.3 during the period:

_____ to _____
(dates)

and that the trainer and trainee agree that training was provided covering the skills as required in Section 3.2. *Core skills and knowledge* for Accredited Seed Analysts.

TRAINEE	TRAINER	SUPERVISOR LAB MANAGER (where applicable)
_____ Signature	_____ Signature	_____ Signature
_____ Date	_____ Date	_____ Date

Name of Laboratory: _____

* See Section 4.2, Eligibility to write the examination

This form must be submitted with the Application For Seed Analyst Examination (Appendix G)

Appendix G. Application for Seed Analyst Examination

APPLICATION FOR SEED ANALYST EXAMINATION

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Please read this application carefully and fill in completely. Applications which are improperly filled in or incomplete will be returned. Application must be received by April 1st.

Name of Applicant		
Employed by		
Mailing Address		
Telephone		Fax
Email		

Please indicate scope of accreditation for which you are applying.

- Full Accreditation in all Grade Tables and Crop Kinds for Purity and Germination.
- Partial Accreditation - Please describe the Grade Table(s) or Crop Kind(s) for Purity and/or Germination Accreditation

Purity:	
Germination:	

Do you want CFIA to forward your name to the Commercial Seed Analysts Association of Canada (CSAAC)?

Yes	
No	

Signature of Applicant

Date

Forward completed form to: Section Head, Seed Science and Technology Section
Saskatoon Laboratory
301 - 421 Downey Rd.
Saskatoon, SK S7N 4L8
Telephone: (306) 385-4858 Fax: (306) 385-4944
Email: ssts@inspection.gc.ca