Certified Swine Sample Collector (CSSC) Training Subaward Final Report 2024

- 1. Applicant's information
 - a. Name of Organization/Business:
 - b. Contact individual's information:
 - i. Name
 - ii. Address
 - iii. Phone number
 - iv. Email address:
- 2. Category II accredited veterinarian information who conducted the training (if different from applicant). Add additional lines if more than one category II accredited veterinarian conducted the training:
 - a. Name
 - b. Address
 - c. Phone number
 - d. email address
- 3. Applicant represented which of the following groups:
 - State Animal Health Official/Board of Animal Health
 - State Pork Association
 - University/Extension Program
 - Practitioner- in private practice or production companies

4. Indicate how many of each training approach was utilized:

| Training | Training Approach Description | Number of | Number of |
|--------------------|---|------------|------------|
| Approach | | Classroom | Hands-on |
| Арргоасп | | Trainings* | Trainings* |
| Option A: | Classroom and hands-on training will occur on | | |
| Group or | the same day at one or more locations. | | |
| individual- all in | Trainee(s) will start with classroom training | | |
| person | then transition to hands-on training on the | | |
| | same day. | | |
| Option B: | Classroom training will occur virtually to all | | |
| Group or | participants together (may apply to one | | |
| individual- | trainee or a group of trainees). Hands-on | | |
| classroom | training will follow on a different day to the | | |
| virtual, hands- | same individual or group all together as | | |
| on in person | classroom training. | | |
| Option C: | Classroom training will occur virtually to a | | |
| Hybrid: Group | group of participants all together at one time. | | |
| only- Classroom | Hands-on training will follow on a <u>different</u> | | |
| virtual, hands- | day for participants as the veterinarian will | | |
| on in person on | schedule separate farm visits with the | | |
| individual farms | different participants on their own farms. | | |

^{*}For Options A and B, the number of classroom and hands-on trainings will be the same.

- 5. Describe the training that was conducted. Were there any deviations from planned location or number of individuals to be trained?
- 6. List how many individuals were CSSC certified (Tier 1 vs. Tier 2) through the training offered and in which states they will be working.
- 7. Lessons learned (pros and cons with the training approach and things you would do differently if you were to repeat the training)
- 8. Was the training opportunity publicized? If so, how? Was the approach to publicize the training successful? Would you take a different approach in the future?

9. Amount of budget spent:

| | Subaward amount | Amount spent |
|-----------------|-----------------|--------------|
| | requested | , |
| Veterinarian | | |
| Other personnel | | |
| Travel | | |
| Facility rental | | |
| Supplies | | |
| Animal purchase | | |
| Miscellaneous | | |
| Total | | |

The applicant will be reimbursed only for actual expenses and not the amount requested; expenses that exceed the amount approved in the application will not be reimbursed. Food and beverage provided during the trainings will NOT be funded.