



COOPERATIVE DEVELOPMENT AUTHORITY
COOPERATIVE DEVELOPMENT OFFICERS TRAINING REPORT #2
Consolidated Quarterly Training Calendar
 For the ____ Quarter of Year 20____

Name of Local Cooperative Development Office: _____ Address: _____
 CTPro Accreditation Number (If applicable): _____ Number of Certified Cooperative Development Officers: _____

A. FACE-TO-FACE TRAININGS

DATE OF TRAINING	TITLE OF TRAINING	NO. OF HOURS	CATEGORY OF COOPERATIVE	RESPONSIBLE CERTIFIED CDO

A. VIRTUAL/ONLINE TRAININGS

DATE OF TRAINING	TITLE OF TRAINING	NO. OF HOURS	CATEGORY OF COOPERATIVE	RESPONSIBLE CERTIFIED CDO

Prepared by:

Reviewed and Submitted by:

 Printed Name and Signature
 LCDO STAFF

 Printed Name and Signature
 HEAD OF THE LOCAL COOPERATIVE DEVELOPMENT OFFICE

Note: This form shall be submitted to CDA not later than one (1) month before the beginning of the first month of the quarter. It is important that the LCDOs/CDOs provides accurate information in case CDA conducts a random and actual monitoring of any of the trainings that will be conducted. The LCDOs/CDOs may be reprimanded upon failure to provide CDA accurate and updated information about the trainings.