

Request for Pesticide Recertification Course Credit Assignment

Complete this form to submit your pesticide education course for recertification credit approval at least 15 days prior to the course date.

Date of Course: _____ Time: _____

Sponsoring Organization/Business: _____

Course Name: _____

Course Location (City): _____

This course is: open to the public closed to the public

Course Location Information

Address: _____

City: _____ State: _____ Zip: _____

Coordinator Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Agenda

The agenda should include subject matter information, the time allotted for each subject and speaker's name and qualifications.