



PESTICIDE RECERTIFICATION CREDIT APPLICATION

PROGRAM NAME: _____
SPONSOR: _____ CONTACT PERSON: _____
ADDRESS: _____ LOCATION NAME: _____
CITY, STATE, ZIP _____ LOCATION ADDRESS: _____
OHIO COUNTY: _____ CITY, STATE, ZIP: _____
PHONE NUMBER: _____ EMAIL ADDRESS: _____
FAX NUMBER: _____ PHONE NUMBER _____
NUMBER OF RECERT FORMS: _____ COMMERCIAL CREDITS REQUESTED PRIVATE CREDITS REQUESTED

Requests for recertification credits MUST be submitted on this form. All recert programs MUST be pre-approved and have codes assigned. (NO CODES – NO CREDIT - NO EXCEPTIONS) This request must be submitted 30 days prior to the program. Please provide the following information regarding time, topics, and speakers. This form must be completely filled out and the program AGENDA AND SPEAKER BIOS MUST be attached. If more pages are needed you can copy this form. Please note that sessions must be 30 minutes or more to receive credit for 1/2 hour. Sessions must be 60 minutes or more to receive 1 hour credit.

Table with 7 columns: Date, Program Subject Title, Start Time, End Time, Topic, Speaker Name/Affiliation, Category Requested. Includes an example row for 'Pesticide recordkeeping for the pesticide applicator'.

FORM SUBMISSION: YOU CAN EITHER E-MAIL THE FORM TO AGRPestRecert@agri.ohio.gov BY CLICKING ON THE E-MAIL BUTTON BELOW OR MAIL THE FORM TO THE ADDRESS ABOVE. BE SURE TO INCLUDE THE ENTIRE PROGRAM AGENDA AND SPEAKER BIOS.