



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

**Program ID
(FDACS USE)**

REQUEST FOR GRANTING CONTINUING EDUCATION UNITS

**WILTON SIMPSON
COMMISSIONER**

Rule 5E-9.029, F.A.C.
Pesticide Certification Section - Telephone: (850) 617-7870 FAX (850) 617-7895

Form must be completely filled out and necessary documentation attached. Please see Terms for Approval and Address for Submission on back of this form.

Provider: _____

Title of Program: _____

Location: Building or Address: _____

City _____ State _____ County _____ Zip Code _____

Program Start Date ____/____/____ to ____/____/____ (if applicable). Please list additional dates and locations (including addresses) on separate sheet, if necessary.

Estimated number of attendees (# of attendance forms needed): _____

Bureau of Compliance Monitoring (BCM)		Bureau of Compliance Monitoring (BCM)		Bureau of Entomology and Pest Control (BEPC)	
#CEUs Requested	#CEUs Approved	#CEUs Requested	#CEUs Approved	#CEUs Requested	#CEUs Approved
_____	_____	_____	_____	_____	_____
	487 General Standards/Core		Natural Areas Weed Mgmt		482 General Standards/Core
_____	Private Applicator - Ag	_____	Ornamental & Turf	_____	Limited Urban Fertilizer
_____	Aerial Application	_____	Raw Ag Commodity Fumigation	_____	Limited Wildlife Trapper
_____	Ag Animal	_____	Regulatory Inspection & Sampling	_____	Limited Landscape Maintenance
_____	Ag Row Crop	_____	Regulatory Pest Control	_____	Limited Lawn & Ornamental
_____	Ag Tree Crop	_____	Right-of-Way	_____	Limited Structural
_____	Antifouling Paint	_____	Seed Treatment	_____	Commercial Lawn & Ornamental
_____	Aquatic Weed Control	_____	Sewer Root Control	_____	Commercial General Household Pest
_____	Chlorine Gas Infusion	_____	Soil & Greenhouse Fumigation	_____	Commercial Termite
_____	Demo & Research	_____	Wood Treatment	_____	Commercial Structural Fumigation
_____	Forestry			_____	Public Health

TOTAL CEU HOURS AWARDED FOR PROGRAM: _____

Provider Name _____

Affiliation _____

Mailing Address _____

Phone Number of Contact Person _____

City _____ State _____ Zip Code _____

Signature of Provider _____ Date _____

Email Address: _____

TERMS FOR APPROVAL

In making this request, the organization listed on the front agrees to comply with the following criteria:

1. The subject matter to be presented for CEU credit must relate directly to the certification standards.
2. The trainers or presenters must possess the expertise required to impart the specified information to the attendees.
3. The Record of Attendance (FDACS-13325) must show the name, address, applicator license number, date, and sign-in and sign-out times for each attendee desiring CEU credit. All information on the record must be legible.
4. The attendee (applicator) will receive the original copy of the Record of Attendance form following the program attended. It is the responsibility of the applicator to keep these records of CEUs earned. The Provider may also keep a copy of the form for future reference. Record of Attendance forms will not be forwarded to FDACS by the Provider. The education provider must enter licensed attendees into the CEU Database within two weeks after completion of the class.
5. For each session for which approval is requested, the provider will specify the duration (time) and request the number of CEUs to be allowed. This is normally 1 CEU for each 50 minutes of instruction time, or 0.5 CEU for each 50 minutes of demonstration time (for Bureau of Compliance Monitoring only), for applicable sections of the program.
6. The provider must submit each of the following for verification of program content, applicability, and assignment of CEU credits:
 - Program agenda including a list of the contact hours of instruction time
 - Brief description of the specific program contents as noted on the agenda
 - Documentation that attests the expertise of each trainer or presenter (brief resume)
7. Forms and information should be submitted **at least 3 weeks before the program**. All programs must be approved before the presentation in order to receive CEU credits.
8. Authorized Department agents may attend any approved CEU session unannounced and without paying any associated registration fee. If these agents desire to earn CEU credits while monitoring approved training programs, they must follow the same protocol as other attendees for registering and paying fees, if applicable.

For assistance, please call the Pesticide Certification Section at (850) 617-7870.

ADDRESS FOR SUBMISSION:

Send this form with appropriate documentation (#6 above) to:

Pesticide Certification Section
3125 Conner Blvd. Bldg. 8
Tallahassee, FL 32399-1650
Fax (850) 617-7895