

# Pesticide Applicator Recertification Program

## Request for Continued Recognition Of Credit

### (For Multiple Sessions Within a Conference/Workshop)

**NOTE: USE THIS FORM ONLY IF THE SESSIONS/COURSES HAS PREVIOUSLY BEEN APPROVED FOR CREDIT AND THE PRESENTERS/INSTRUCTORS, SUBJECT MATTER AND TIME ALOTMENTS ARE THE SAME AS THE INITIALLY APPROVED SESSIONS/COURSES.**

If the sessions have not been previously approved, click on this [Multiple Session Request for Credit Application Form](#) hotlink. If you have any questions, please contact Vivianne Servant at (780) 538-8054 or Jock McIntosh at (780) 427-0031.

**Submit (mail or fax) the completed form to:**

**Alberta Environment, Pesticide Management Program  
10320-99 Street Grande Prairie AB T8V 6J4  
Fax number: 780 538-5336**

**1) Person Requesting Credit Approval on Behalf of Pesticide Applicators:**

a) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

b) Agency/Company Name: \_\_\_\_\_

c) Address: \_\_\_\_\_

d) Email address: \_\_\_\_\_ Fax number: \_\_\_\_\_

**2) Original Conference/Workshop Information** Where Sessions were Approved for Credit:

a) Name of Conference/Workshop \_\_\_\_\_

b) Date: \_\_\_\_\_ Location : \_\_\_\_\_

**3) New Conference/Workshop Information:**

a) Name of New Conference/Workshop: \_\_\_\_\_

b) New Date(s): \_\_\_\_\_ New Location: \_\_\_\_\_

**PLEASE INCLUDE THE NEW CONFERENCE/WORKSHOP AGENDA THAT PROVIDES DETAILS OF THE SESSION TOPICS.**

4) Sessions approved for credit will be posted on the Alberta Environment Pesticide Applicator Recertification Website. Please indicate the Agency/Association name and phone number to call to register for the course (as you would like it to appear on our website):  
\_\_\_\_\_

5) Check the classes of applicators for which this training was previously approved:

<input type="checkbox"/> Aerial	<input type="checkbox"/> Forestry	<input type="checkbox"/> Landscape	<input type="checkbox"/> Special: Interior Plantscape	<input type="checkbox"/> Biting Fly
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Fumigation	<input type="checkbox"/> Structural	<input type="checkbox"/> Special: Seed Protectant	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Aquatic	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Industrial	<input type="checkbox"/> Special Roots in Pipes	_____

**Request for Credit Approval Form**

6) Indicate the session names, presenter, the number of credits previously approved, the concepts discussed and the time allotment for the session.

**NOTE:** - **one credit is awarded for one hour of training**  
- **no part credits will be awarded if a session lasts less than one hour**  
- **a maximum of 10 credits will be approved for a session.**

<b>Session Title</b> (must be the same content as original presentation)	<b>Presenter</b> (must the same presenter as the original session)	<b>Number of credits previously approved</b>	<b>Time Allotment (hours)</b>