

**Pennsylvania Department of Agriculture
Request for Pesticide Course Recertification Credit Assignment**

Complete this form to submit your pesticide educational course for recertification credit approval at least **15 working days prior** to the course date. **Attach a copy of your course agenda which gives: 1) Course topic subject matter information; 2) Time allotted for each subject; 3) Speaker's name(s) and qualifications/biography** and return it to the PA Department of Agriculture Regional Office which covers the county in which the meeting will be held. Requests for out-of-state meetings should be made to the Harrisburg office c/o: Dave Scott, Pesticide Education, Bureau of Plant Industry, PA Department of Agriculture, 2301 North Cameron Street, Harrisburg, PA 17110-9408, Fax # (717) 783-3275.

Date of Course ___/___/___ Starting Time ___:___ County to be held in _____

Course Sponsoring Organizations/Business _____

Course Name _____

Course Location _____

Course City _____

Course Coordinator/Contact: Name _____

Address _____

City _____

Phone ___ - ___ - ___ Fax # ___ - ___ - ___ (Optional)

This Course is: Open to the public, please distribute course information.
 Closed to the public and by invitation only.
 Offered at a fee.

I understand that the credits assigned to this Pesticide Educational Recertification Course are based on the attached agenda information and may be adjusted based on actual course content. I will notify the Department of all changes to the attached agenda.

I understand that submitting information for pesticide recertification course approval is a legal process. Falsification by a course sponsor responsible for this information provided, and/or the training conducted as pre-approved may result in the withdrawal of course approval, not only for the submitted course, but also for future courses, and that the Department reserves the right to pursue further legal remedies.

Signed _____ Date ___ / ___ / ___