



Arizona Department of Agriculture

1110 W. Washington Street, Suite #450, Phoenix, AZ 85007
Telephone – EPSD: (928) 341-4055 | PMD: (602) 542-3662

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

Agriculture (Environmental and Plant Services Division)

Structural Pest Control (Pest Management Division)

Course Title:		Course Date(s):		Start time:	End time:
Course Type: Open to the public ☐ Yes ☐ No ☐ In-person ☐ Online ☐ Online recorded or Self-guided training		Cost: \$	# of CE hours requested:	☐ No Specific Dates/Times. Offered online throughout the duration of the approval period.	
Sponsor/Organization Name:		Contact Person & P#(if applicable):		Email Address:	
Address:		Phone #:		Provider ID Number (REQUIRED):	
Location (Address) where training materials and attendance records are kept:			Records Custodian's Name & Phone:		

Additional Required Information (You MUST include these forms):

☐ AZDA Continuing Education Course Outline Form and ☐ AZDA Continuing Education Course Presenter/Preparer Qualifications Statement

CE course approval applications MUST be received by the Department at least fourteen (14) days prior to the course date. Failure to comply may result in the delay or denial of your application.

Attendance and Successful Completion Requirements:

The course sponsor acknowledges the following AZDA Environmental and Plant Services Division and/or Pest Management Division attendance guidelines and successful completion requirements and understands that Continuing Education Units granted by the Department will not be honored unless these guidelines and requirements are followed. The sponsor agrees to notify attendees of the following attendance guidelines and successful completion requirements at the beginning of each approved CEU course:

1. Participants MUST present a government-issued picture identification card to be permitted to participate in course.
2. Participants are required to complete the course attendance roster (for in-person) or registration form (online course).
3. Participants MUST be present for the duration of the course.
4. Upon completion of course, participants must participate in a process to verify successful completion of the course or event.

Course Monitoring Requirements: Upon request by the Arizona Department of Agriculture, course sponsors MUST permit FREE access to AZDA CE Auditors, in the following manner for the purpose of monitoring courses to ensure compliance with regulations regarding continuing education:

1. Attend the approved course in person;
2. Access to courses provided online in the format presented to participants;
3. Access to any and all training materials upon request; and
4. Access to any and all attendee registration forms and sign-in rosters upon request.

If it is determined that the course or presenter varies significantly from what was approved, the number of CEU's may be modified or the course approval could be revoked.

Reporting & Records Retention Requirements:

1. Course sponsors must report the licensees CE hours to the AZDA by using the online reporting tool within ten days of the course.
2. Course sponsors must keep a copy of the sign-in sheet with the name, license number and signature of the attendee for a minimum of two years.

Applicant Certification:

I, hereby certify that the information contained herein and in any and all attachments is true and correct to the best of my knowledge. Furthermore, I acknowledge that I have read & understand the requirements for granting CEU's to the attendees of this course and I agree to comply with the reporting and records keeping requirements stated above.

Print Name: _____ Signature: _____ Date: _____

AZDA USE ONLY (PMD):

☐ Approved ☐ Not Approved - CEUs Approved: _____

Reviewed by: _____ Date: _____

Comments: _____

AZDA USE ONLY (AG):

☐ Approved ☐ Not Approved - CEUs Approved: _____

Reviewed by: _____ Date: _____

Comments: _____

ARIZONA DEPARTMENT OF AGRICULTURE

Continuing Education Course Outline

Title: _____ In-Person Online – Live Online – Recorded

Course Description: _____

*Completion verification process required at the end of the course.

Name of subject	Name of Presenter(s) and/ or Preparer(s)	Main points of subject	Amount of minutes focused on pesticides or pest management

*Arizona regulations require that any continuing education course or event, including an online or other distance education course or event relied upon for applicator recertification, include a process to verify the applicator's successful completion of the course or event.

ARIZONA DEPARTMENT OF AGRICULTURE
 Continuing Education Course Presenter/Preparer Qualifications Statement
ONCE APPROVED, THIS STATEMENT IS VALID FOR 7 YEARS*

Presenter/Preparer's Name: _____ Affiliation: _____

Address: _____ Telephone No.: _____ Email: _____

Education/Licenses/Certifications

List agriculture related education, licenses or certifications which makes the presenter/preparer qualified to present or prepare this course or a subject, part of this course.

Degree/License/Certificate:	Issuing Authority:	Year Issued:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any employment which has enhanced your knowledge in the agricultural field which makes you qualified in presenting or preparing this course or a subject, part of this course.

Employer:	Supervisor:	Telephone No.:	Dates of Employment:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any prior agriculture-related courses which you have prepared or presented:

Course Name:	Brief description of course:
_____	_____
_____	_____
_____	_____
_____	_____

If you lack any of the above qualifications, explain below what makes you qualified to present or prepare the course or a subject part of the course being submitted for review for continuing education.

Failure to complete all sections may result in the delay of the review and approval of this application.

I swear or affirm that the information contained herein is true and correct. I authorize the Arizona Department of Agriculture to contact any company or organization I listed on this document for the purpose of verification.

Signature: _____ Date: _____