



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

Division of Pesticide Control
State House Annex, 25 Capitol Street, 2nd Floor
PO Box 2042
Concord, NH 03302-2042
TEL. NO. (603) 271-3550

RECERTIFICATION PACKAGE

How do applicators recertify?

All commercial and private applicators must recertify every 5 years by either taking the appropriate examinations during the 5th year **OR** by attending continuing education courses throughout the 5 year period and obtaining the required number of credits.

What are the required number of credits to recertify?

All commercial applicators are required to obtain 12 credits multiplied by the number of categories licensed in.

All private applicators are required to obtain 15 credits total.

Who sponsors recertification seminars?

The University of New Hampshire Cooperative Extension, industry organizations, pesticide manufacturers and others may hold seminars as needed for certified applicators.

How does a seminar get approved?

Sponsors of seminars must submit the following information **30 days prior** to the scheduled meeting date:

- A. Application for Recertification Credit (enclosed)
- B. agenda for seminar
- C. summary of each topic to be presented
- D. A biographical sketch of each speaker

What subject matter must be covered in the seminar?

The following are topics that must be covered in order for credit to be granted.

- A. New application methods
- B. New pest control methods in their particular category
- C. New developments in equipment
- D. New laws and regulations
- E. Precautionary techniques used in the safeguard of the environment
- F. Any other information related to new technology pertaining to pesticide application.

What is the seminar sponsor's responsibility at the meeting?

IMPORTANT! To ensure that applicators receive these credits you must:

1. Have all attendants sign-in on an attendance roster **at the beginning** of the session.
2. Submit the attendance rosters to the Division within **10 days** of the meeting date.
3. Provide applicators with Certificates of Attendance for attending this meeting. These Certificates must include:
 - a. the seminar name and date held,
 - b. the credits awarded for the seminar,
 - c. the applicator's name and address,
 - d. the applicator's original signature, and
 - e. your original signature as seminar sponsor.

SIGNATURES MUST BE ORIGINAL. NO PHOTOCOPIES WILL BE ACCEPTED.

What is the applicator's responsibility?

Applicators may submit any Certificates of Attendance they accumulate at the end of each year with their renewal paperwork. Certificates of Attendance will not be accepted if submitted at any other time of the year. Based on certificates received, the Division will print the number of credits you have accumulated on your permit or license.

Applicators who do not obtain the required credits must retake the examinations to recertify.

Loss of Approval Status

The Division of Pesticide Control reserves the right to revoke approval of recertification seminars and all credits awarded if the above procedures are not followed or if there is evidence of any falsification of Certificates of Attendance.

Monitoring Seminars

The Division will monitor a certain percentage of seminars and reserves the right to attend any approved seminars free of charge.

NEW HAMPSHIRE DIVISION OF PESTICIDE CONTROL
STATE HOUSE ANNEX, 25 CAPITOL STREET, 2nd FLOOR
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APPLICATION FOR RECERTIFICATION CREDIT

Seminar Sponsor (Name) _____

(Address) _____

(Telephone) _____

Seminar Title _____

Location to be held _____

Seminar date _____

This seminar is being held for:

_____ Commercial Applicators

_____ Private Applicators

REMEMBER: Attach to this application an agenda, summary of each topic to be presented and a complete biographical sketch of each speaker. A copy of your own agenda and topics may be used in place of the attached sheets.

Name of Seminar Sponsor (print) _____

Signature of Seminar Sponsor _____

Date: _____

NOTICE: THE DIVISION OF PESTICIDE CONTROL RESERVES THE RIGHT TO REVERSE THE APPROVED STATUS OF A SEMINAR IF ITS CONTENT IS CHANGED AFTER APPROVAL.

INFORMATION TO BE COVERED

Topic(1): _____

Date & Time: _____

Description of Subject Matter: _____

Biographical Sketch of Speaker(s): _____

Topic(2): _____

Date & Time: _____

Description of Subject Matter: _____

Biographical Sketch of Speaker(s): _____

Topic(3): _____

Date & Time: _____

Description of Subject Matter: _____

Biographical Sketch of Speaker(s): _____

Topic(4): _____

Date & Time: _____

Description of Subject Matter: _____

Biographical Sketch of Speaker(s): _____

Topic(5): _____

Date & Time: _____

Description of Subject Matter: _____

Biographical Sketch of Speaker(s): _____

Topic(6): _____

Date & Time: _____

Description of Subject Matter: _____

Biographical Sketch of Speaker(s): _____

Topic(7): _____

Date & Time: _____

Description of Subject Matter: _____

Biographical Sketch of Speaker(s): _____

Topic(8): _____

Date & Time: _____

Description of Subject Matter: _____

Biographical Sketch of Speaker(s): _____
