



STATE OF IDAHO



C. L. "BUTCH" OTTER
GOVERNOR
CELIA R. GOULD
DIRECTOR

RECERTIFICATION COURSE ACCREDITATION INSTRUCTIONS

Please review the following before submitting your paperwork, as any missing paperwork or insufficient materials may result in a delay or denial of credit approval.

The following must be submitted no less than **30 days prior to the scheduled seminar:**
(Only prior approval from the Licensing Program Specialist, will this be waived).

1. The completed **Request for Recertification Course Accreditation form**
2. An **agenda**, including the start and finish times. Please show any time set aside for breaks & meals, or travel time if participants are taking a tour or traveling to multiple locations.
3. Provide a **brief summary** on the presentations/topics of which your organization is seeking credit. Insufficient descriptions or lack thereof may result in credit denial.

Your program will be evaluated on the basis of **60 minutes of verifiable pesticide related information; 60 min = 1 credit.**

Credit Criteria:

- **Chemigation** – including practices involving the application of chemicals through irrigation systems
- **Environmental Considerations** –
 - effects of pesticides on the environment, people, animals, and plants
 - weather influences
 - physical environmental/ geographical factors of pesticide applications
- **Labels & Labeling** – including terminology, instructions, format, warnings, and symbols
- **Laws** – including rules and regulations governing pesticides
- **Methods of Use & Application** – including types of equipment, calibration, application techniques, and prevention of drift and other types of pesticide migration
- **Mixing & Loading** – including interpretation of labels, safety precautions, compatibility of mixtures and protection of the environment
- **Pest Control** – including formulations, mode of action, toxicity, persistence and hazards of use, and IPMs
- **Safety** –
 - Proper procedures: protective clothing, equipment, and Worker Protection
 - Toxicity, symptoms of poisoning, and first aid
 - Storage, handling, transportation and disposal

Submit the completed application, agenda, and summaries by email to:

kodi.woods@isda.idaho.gov

Direct Phone: (208) 332-8595



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REQUEST FOR RECERTIFICATION COURSE ACCREDITATION

1. Sponsor/Host of the Seminar

2. Title of the Seminar

3. Program Dates (Please list Month, Date & Year)

4. Location (Please include venue site, City and State)

5. Number of Idaho Applicators expected to attend

6. Open to the Public or Closed to Invitees Only

7. Sponsor Contact Information

Contact Person: _____

Mailing Address: _____

City, State and Zip: _____

Telephone: _____

Email: _____

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