



APPLICATION FOR CONTINUING EDUCATION ACTIVITY

Please complete this request and return with:

1. Course outline (hour by hour)
2. Copies of all materials (textbooks, handouts, etc.)
3. Copies of all examinations
4. Copies of any promotional materials
5. Copy of certificate of completion provided to licensees
6. Payment of \$25

FEE \$25

NOTE: APPLICATION FOR INSTRUCTOR ON NEXT PAGE

NAME OF PROVIDER	CONTACT PERSON	TELEPHONE NO.
ADDRESS		
TITLE OF ACTIVITY		FEE CHARGED
<input type="checkbox"/> CONTINUOUS <input type="checkbox"/> ONE TIME ONLY – DATE: _____		TOTAL HOURS
TYPE OF ACTIVITY		
<input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> ASSOCIATION MEETING <input type="checkbox"/> IN-HOUSE TRAINING <input type="checkbox"/> PROFESSIONAL ACTIVITY		
TYPE OF CREDIT REQUESTED		
<input type="checkbox"/> RULES & REGULATIONS <input type="checkbox"/> TECHNICAL ACTIVITY <input type="checkbox"/> IPM <input type="checkbox"/> GENERAL		
BRIEF DESCRIPTION OF ACTIVITY		
METHOD OF EVALUATION		
DO NOT WRITE BELOW THIS LINE		

ACTIVITY # _____ TOTAL HOURS _____ RA FR OPR

- RULES & REGULATIONS
- PAU
- TECHNICAL: Branch 1 Branch 2 Branch 3
- IPM
- GENERAL

APPROVED
 DENIED

 SIGNATURE

 DATE

INSTRUCTOR APPLICATION

NAME		TELEPHONE NO.	
ADDRESS			
NAME OF PROVIDER			
NAME OF ACTIVITY TO BE INSTRUCTED			
Section 1953(d)(4) of the Structural Pest Control Boards Rules and Regulations states that instructors for continuing education must be credential instructors or meet two of the below equivalent experience requirements.			
EDUCATION			
CREDENTIALLED INSTRUCTOR IN COURSE AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		COURSE OF STUDY	
SCHOOL/COLLEGE/UNIVERSITY	DEGREE RECEIVED	YEAR RECEIVED	
EQUIVALENT EXPERIENCE			
LIST TRAINING ACTIVITIES COMPLETED IN SUBJECT MATTER			
LIST ACTIVITIES YOU HAVE INSTRUCTED ON THE SUBJECT MATTER			
ARE YOU LICENSED BY THE STRUCTURAL PEST CONTROL BOARD? <input type="checkbox"/> YES (LIST LICENSE #) _____ <input type="checkbox"/> NO		DID YOU AUTHOR THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST EMPLOYMENT FOR THE LAST THREE YEARS			
The information on this application is required pursuant to section 8500 inclusive of the Business and Professions Code and is maintained by the Structural Pest Control Board, 2005 Evergreen Street, Ste. 1500 Sacramento, CA 95815-3831, (916) 561-8700. All information requested in this application is mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. This information may be transferred to other law enforcement agencies. You have a right of access to records maintained by this agency which contain personal information about you.			
SIGNATURE		DATE	