

**IPM Accreditation Program**  
**Continuing Education Credit (CEC) Reporting Form**  
 General Enquiries 1-866-385-4762 / 519-674-1538



**Personal Information:**

**Print clearly in ink**

First Name	Middle Initial	Last Name
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IPMAP Certification Number:

**Address Information:**

Home Address (Number, Street, Apt./Unit)		Home Telephone ( )
City/Town	Postal Code	Home Fax ( )
Company Name		
Company Address (Number, Street, Apt./Unit)		Company Telephone ( )
City/Town	Postal Code	Company Fax ( )
County/Regional Municipality	Email	

**Please provide documentation of attendance at all events, conferences etc.**

**CEC Information:**

Meeting or Course Title:	
# of Credits Applied for:	Program Type:
Program Leader/Instructor:	
Program Location:	Date of Meeting:

Information contained on this form will remain confidential and will be used to manage the Certified IPM Agent database information, provide information updates to the IPM Council of Canada and to evaluate the impact and usefulness of the program.  
 I certify that the information given on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed CEC Reporting Form to:** (Incomplete information may hold up processing)

**By mail to:** IPM Accreditation Program,  
 c/o U of G RC 120 Main St. E.,  
 RIDGETOWN, ON N0P 2C0

**By fax to :** 519-674-1585