IPM Accreditation Program
Continuing Education Credits (CEC)

Official Attendance Record

Date: _____

Session Title: _____

Presenter: _____

Name of IPM Agent/Applicator	**IPM Certification #**	**Employer**

Attested by (please print name): _____ **Signature:** _____ **Host Organization:** _____

Return to: IPMAP at University of Guelph Ridgetown Campus
120 Main Street East
Ridgetown, ON N0P 2C0
Fax 519-674-1585 Email: rcipmap@uoguelph.ca

Must be submitted within 30 days of event