



IPM CERTIFIED AGENT CONTINUING EDUCATION REPORTING FORM

IPM Agent: _____ IPM Certification #: _____ E-mail address: _____

I am the IPM Certified Agent for: _____ E-mail address: _____
(Golf course name & location)

Please submit a signed copy of this reporting form via e-mail to: rcipmap@uoguelph.ca or fax to: (519) 674-1585. **DO NOT** submit with golf course desk review material.

To maintain certification, all IPM Certified Agents must obtain a minimum of 6 hours of IPM-related education each registration year (June 1 – May 31), starting the year following successful completion of the IPM examination. As of June 1, 2013 continuing education credits (CEC) values are **1 CEC = 60 minutes** of IPM-related content. Therefore, a minimum of 6 CECs are required annually. As of June 1, 2013, all CECs remain valid for 24 months and may be claimed for the current registration year or banked for the following year, but not both. You must designate the registration year you want credited. Please list events offering IPM Council of Canada CECs that you have attended and the registration year you want credited, e.g. 2013-2014 or 2014-2015, etc.

DATE	EVENT NAME & LOCATION	SESSION TITLE (if more than one presentation offered at event)	PRESENTER	# of CECs	REGISTRATION YEAR TO BE CREDITED

Please ensure you have signed an attendance sheet or electronically signed in with event organizers to provide proof of your attendance at each event. The event organizers must provide this proof of attendance to the IPMAP c/o University of Guelph, Ridgetown Campus. Your attendance will be verified before CEC's are applied towards your IPM Certified Agent status. Information contained on this form will remain confidential and will be used to manage the IPM Certified Agent database and to provide information to the IPM Council of Canada.

I attest that the above information is accurate and truthful. I also acknowledge that I am aware of the requirements of IPM Certification, as defined by the IPM Council of Canada, and that failure to meet the requirements can result in loss of my IPM Certification.

IPM Agent Signature: _____ Date: _____