

# Application for the EcoWise IPM Certification Course



Anyone who wants to pay the fees can take this course. But currently, Continuing Education Units (CEUs) are awarded only to licensed California Applicators, Operators, and Field Representatives who complete Part A. EcoWise gives the IPM Practitioner certification only to licensed Branch 2 Operators and Field Representatives who complete both Part A and Part B.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Licensed Applicator yes  no

Licensed Operator yes  no  Branch 2  Branch 3

Licensed Field Rep yes  no  Branch 2  Branch 3

Pest Control License Number \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company/Branch \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Company Email and Website \_\_\_\_\_

Please select one of the following options:

I would like to take only Part A \$50

I would like to take only Part B \$50

I would like to take both Part A and Part B \$100

California Applicators, Operators, and Field Representatives who take Part A and pass the exam will receive 2 hours of IPM CEUs. Candidates for certification must complete both Part A and Part B. Fees include instruction, the exams, 2 units of IPM CEUs if you qualify, and your EcoWise Certified IPM Practitioner Certificate. Please send this completed form and a check made payable to BIRC, PO Box 7414, Berkeley, CA 94707, or if you wish to pay with a Visa or Mastercard complete the information below:

Visa/Mastercard No. \_\_\_\_\_ Exp Date \_\_\_\_\_ Amount \_\_\_\_\_

Name on Card \_\_\_\_\_

When BIRC receives payment, we will email you the link to the course, your password, and your applicant ID number, which will be used throughout the process.

Signature \_\_\_\_\_



**EcoWise Certified IPM Certification**

for Structural Pest Control Board Branch 2 Licensees

A Project of the Bio-Integral Resource Center

P.O. Box 7414, Berkeley, CA 94707

(510) 524-2567 birc@igc.org

**Practitioner Application**

for EcoWise Certified IPM Practitioner

Date \_\_\_\_\_

All information on this application will remain **confidential** and will be used to register applicants with the EcoWise Certified Program, provide information updates to the program, and evaluate the impact and usefulness of the program.

**PERSONAL INFORMATION:**

Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PROFESSIONAL INFORMATION (minimum requirement is field rep or operator license for 1 yrs.):**

Structural Pest Control License Type:  OPR  FR License # \_\_\_\_\_

Expires \_\_\_\_\_ How long have you held this license? \_\_\_\_\_ years

Check branch(es):  Branch 1  Branch 2  Branch 3

How long have you: worked in pest management? \_\_\_\_\_ years practiced IPM? \_\_\_\_\_ years

**PEST MANAGEMENT EMPLOYMENT HISTORY FOR THE LAST 2 YEARS**

**Current Employer**

Business, Organization, Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ email \_\_\_\_\_

Your Title or Position \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Your Duties and Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

*Continued on reverse*

**Previous Employer(s) over the past 2 years:**

Business, Organization, Agency: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Your Title or Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

Business, Organization, Agency: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Your Title or Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

**REQUIRED ATTACHMENT:**

Please attach a signed copy of the EcoWise "IPM Guiding Principles"

I certify that the information contained in this application form is true. I understand that falsification on the application is grounds for denial or revocation of certification. I authorize the EcoWise Certified Program Manager to contact employers named in this application for verification of information presented here.

\_\_\_\_\_

Date

Signature

\_\_\_\_\_

Name (please print)

**Email this application to:**

William Quarles, EcoWise Certified Program Manager

birc@igc.org

or send by mail c/o BIRC

P.O. Box 7414

Berkeley, CA 94707