



Request for Continuing Certification Hours (CCH)

Pesticide Applicator Recertification Training

All requests must be submitted 15 days in advance of training date.

Interoffice Use Only:

Date Received: _____ Int'l: _____

Date Approved: _____ Int'l: _____

Date Mailed: _____ Int'l: _____

Course Title: _____

Training Date(s): _____ Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Training Location: _____

City: _____ County: _____ State: _____

Sponsoring Agency/Company: _____

Contact Name: _____ Title: _____

Telephone: () _____ Fax: () _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Instructor: _____

Instructor Qualifications: _____

Briefly describe the proposed training and/or pertinent information, e.g., brochure, pamphlet, outline, agenda, or program draft.

You may duplicate this form if recertification credits are being requested for more than one meeting or course. CCH requests for identical meetings with more than one presentation day may be listed on one form with dates, times, and locations of each meeting indicated on an attached sheet. All training approved for credit must be open to the public. Model training that is routinely offered may be granted Blanket Coverage for the five-year block. However, individual training dates must be forwarded to the Department of Pesticide Regulation in advance of the training.

Submit via above button OR mail all completed Request for CCH forms to:

Clemson University Department of Pesticide Regulation
511 Westinghouse Road
Pendleton, SC 29670
ATTN: Request for CCH