## CONTINUING EDUCATION RECORD RENEWAL SUMMARY

DPR-PML-123 (Rev. 8/17)

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DEPARTMENT OF PESTICIDE REGULATION PEST MANAGEMENT AND LICENSING BRANCH

## **INSTRUCTIONS**

1. For each approved course you have taken, enter the following: title; course I.D. number; location; date(s) attended; and hours completed. In the boxes located in the right hand corner of the bottom of the page, enter the total number of continuing education (CE) hours you have completed for the current renewal period. If you are using a document other than this form as proof of your CE hours; you must provide the same information as required on this form. Your CE record summary document must be returned with your renewal application. If the information on this form or the

document you submit is incomplete, the processing of your renewal application will be delayed.				COURSE HOURS				
2. Please <u>do not</u> submit application and fee unless all required CE hours have been completed. If you fail to complete the required minimum CE hours by December 31 of your expiration year, you will be required to re-examine in laws and regulations, as well as all categories you held.			ete s and	julations (L)	ition and A)		(1	
APPLICANT NAME/SIGNATURE  CONTINUING EDUCATION COURSE I	NFORMATION	E TYPE CERTIFICATE/LICENSE NUME	BER	Laws and Regulations (L) Aerial Application and Techniques (A) Other (O)			Total Hours (T)	
COURSE TITLE/SPONSOR NAME		DPR COURSE ID NUMBER		(L)	(A)	(O)	(T)	
LOCATION (City and State)		DATE(S) ATTENDED						
COURSE TITLE/SPONSOR NAME		DPR COURSE ID NUMBER		(L)	(A)	(O)	(T)	
LOCATION (City and State)		DATE(S) ATTENDED						
COURSE TITLE/SPONSOR NAME		DPR COURSE ID NUMBER		(L)	(A)	(O)	(T)	
LOCATION (City and State)		DATE(S) ATTENDED						
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LOCATION (City and State)		DATE(S) ATTENDED						
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LOCATION (City and State)		DATE(S) ATTENDED						
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LOCATION (City and State)		DATE(S) ATTENDED						
COURSE TITLE/SPONSOR NAME		DPR COURSE ID NUMBER		(L)	(A)	(O)	(T)	
LOCATION (City and State)		DATE(S) ATTENDED						
		TOTAL CE HOU	IRS					