TO: All Prospective Continuing Education Providers

FROM: Arizona Department of Agriculture
Office of Pest Management

DATE: October 1, 2013

SUBJECT: Continuing Education Course Provider Application Guidelines & Packet

Thank you for your interest in providing continuing education to the Arizona pest management industry. Arizona is proud of its leadership role in providing and monitoring continuing education training for licensed pesticide applicators and qualifying parties.

Today's applicator is faced with numerous issues that are not traditionally associated with the application of pesticides. Often, these topics involve safety and regulations that are common to most applicators. These include such areas as disease transmission, hazard communication and occupational safety and health (OSHA) regulations. When these issues are timely and extremely important, courses relating to these topics are given special consideration. The following guidelines are provided to assist the instructor in developing courses that are both educational and timely.

What is the Office of Pest Management?
The Office of Pest Management (OPM) licenses and regulates the structural pest control industry in Arizona. This includes pesticide applications in and around structures, to weeds, turf & ornamentals, and aquatic areas, generally in urban settings, and includes termite and fungi inspections for structural purposes. The OPM does not regulate agricultural pesticide applications. If you would like to have your program reviewed by the Arizona Department of Agriculture, please call (602) 542-3578.

Continuing Education Course Approval for credit
OPM staff reviews and approves continuing education programs on an ongoing basis.

Who Needs Continuing Education?
All licensees (applicators and qualifying parties) need at least 6 hours of continuing education each year. The license categories are:

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<th>Category</th>
<th>Description</th>
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<tr>
<td>Category 1</td>
<td>Industrial &amp; Institutional</td>
<td>Category 4</td>
<td>Right of Way</td>
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<td>Category 2a</td>
<td>Wood Destroying Organism Treatment</td>
<td>Category 5</td>
<td>Aquatic</td>
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<td>Category 2b</td>
<td>Wood Destroying Insect Inspection</td>
<td>Category 6</td>
<td>Fumigation</td>
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<td>Category 3</td>
<td>Ornamental &amp; Turf</td>
<td>Category 7</td>
<td>Wood Preservation</td>
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The OPM encourages providers to develop courses in pesticide safety; proper use, storage, disposal, following label/labeling directions, basic mathematics, volume measurement, site measurement and calculations, soils, Integrated Pest Management (IPM), laws & rules, environmental concerns, Qualifying Party responsibilities and Business Licensee responsibilities, among others.

http://agriculture.az.gov
Who is Eligible to Provide Continuing Education?
Submission of a program application does not automatically result in program approval. Individuals, businesses, and associations judged competent by the OPM may offer continuing education. Sponsors or instructors usually are responsible for submitting program applications. A sponsor is an individual or organization who coordinates continuing education programs. An instructor is the individual who actually teaches the course. Attendees may also submit program applications.

- Providers must submit an application as explained in the following paragraphs.

Criteria for Continuing Education Instructors
Instructors are approved to teach specific courses; approval for one course does not guarantee approval for another. Instructors are expected to have substantial education, training or work experience in the subjects they wish to teach. This may be demonstrated by:

- A college or university degree in a field related to the topic; or
- A high school diploma and holding a license for at least 2 years in the related category and having completed at least 50 hours of CE in related subjects
- or recognition by the OPM as a credentialed expert

The instructor application is on page 10 of this packet.

When to Apply
The approval process can be somewhat lengthy since program applications are reviewed and approved by OPM staff in the order they are received. It is best to apply for approval at least six (6) weeks in advance of the scheduled course date.

How to Apply
Applications for each individual course being submitted for review must contain the following:

- a completed program application form
- a completed instructor application, biography or resume
- a subject abstract or outline
- a copy of handouts, worksheets, examinations or other materials
- a copy of promotional materials

If a current instructor application, biography or resume is on file with OPM (“current” means one that has been received with the last 5 years), then the provider may mark “Bio on file” on the instructor application form.

The CE course application is on page 8 of this packet.

Course Outlines
Course outlines should list the topics to be covered in the course and indicate the time to be spent on each topic. Any multimedia resources used in the course should be described in detail. When audio or video tapes are used as the course, or a portion thereof, the name of the tape, the producer, the copyright date and the total running time should be listed. Credit is awarded in increments of 1 unit, corresponding to one hour. For your convenience, a sample outline is provided on page 6 of this packet.

Audio and Video Tapes
Audio and videotapes can be excellent training tools if used properly. Unfortunately, this resource is easily abused when awarded CE credits. Audio/video applications ask for the following information:

- name of the tape
- its producer
- the copyright date
- the total running time

Applicants must attach:

- a description of the tape in paragraph or outline form
- a quiz of at least 10 questions based on the tape
If the tape is over 3 years old (based on the copyright date), a letter must also be included with the submittal describing why the tape is still relevant.

As with any other course, instructor/proctor applications must be submitted to the OPM for approval. Any approved audio/video tapes must be viewed or heard in the presence of an instructor or proctor who also issues the quiz. The tape must be reviewed to clarify any questions the student gets wrong. Quizzes must be kept on file for at least one year as verification of attendance.

The application for audio/video courses is on page 9 of this packet.

**Online Courses**

Online courses may be offered by a sponsor via Internet, or by a licensed pest control company as part of an “in-house” program via Intranet. Courses to be considered must be submitted by the course provider. Separate courses originating from one home page are considered to be separate submittals, and would receive unique course numbers. Online courses must have

- a mechanism by which a student may ask questions and receive answers (example: e-mail address, help icon, or telephone number)
- a mechanism to ensure that students meet the required time in front of the computer

Applications for online courses must include the following:

- an outline, with indications of the expected time required for each sub-section
- a hard copy of the examination on the material

Online courses must be completed in a single sitting. An online attendance verification form must be provided to the student at the start of the course. This form should include, at minimum, the following information:

- the student’s name and license number
- the student’s home address and phone number
- the date and time of course attendance
- the student’s score on the examination

The provider must record log-in and log-out times, and must report attendance via the OPM online reporting tool within 10 days of course completion.

**Correspondence Courses**

Correspondence courses offer applicators the opportunity of in-depth study of license categories, and convenience to applicators that do not live near regularly scheduled courses.

Applications for correspondence courses must include the following information

- an outline of the course material, or a copy of the table of contents
- a biography of the author(s)
- an examination on the material
- the categories for which credit are requested

As with online courses, the OPM requires that providers of correspondence courses provide more extensive verification of attendance. At minimum, this verification must include the following information:

- the student’s name and license number
- the provider’s name, company, address, and phone number
- the dates of study
- student’s score on the examination

The provider must report attendance via the OPM on-line reporting tool within 10 days of course completion. **All continuing education providers (classroom, online and correspondence) must utilize the most current CE evaluation form (attached) and provide the form to their attendees.**

**Notification of the OPM’s Decision**

Notification of approval or disapproval of a reviewed course will be sent to the provider via e-mail within ten working days after the approval or denial of the course. If the applicant is a new CE Sponsor/Provider, a CE Provider log-in and password will be provided to allow the provider to enter the licensee’s attendance information via the on-line reporting tool.

**Notifying the OPM of a Scheduled Course**
Sponsors and/or instructors must notify the OPM of the date, time and location of the course in the space provided on the program application. If this information is unknown at the time of application, then the provider may write “will notify” in the space provided. Providers must notify OPM at least 72 hours in advance in by email, in writing, by phone or fax of a scheduled course. **Failure to notify the OPM may result in revocation of program approval.**

**Instructor Responsibilities & Benefits**

Instructors must be present and monitor all classes, including videos, and are responsible for ensuring the following:

- submitting attendee information via the OPM's website online reporting tool within 10 days of a completed class
- the completeness and accuracy of the attendance list
- that the approved number of credit hours are the actual number of hours the attendee received instruction
- that attendees may not be allowed to enter a class for credit once class has begun
- that if the class takes a break for any reason, the credit time may not resume until the class resumes
- that attendees who do not return when a class resumes following a break, shall not receive continuing education credits for the class

Instructors who are licensed by the OPM may earn credit for courses that they teach and apply that credit toward license renewal. Program approval may be withdrawn if an instructor fails to meet these requirements.

**Attendance Lists**

All CE Providers are responsible for recording course attendance via the OPM website using the on-line reporting tool within 10 days of the course. This required information includes:

- the provider's name
- the date of the course
- the course name
- the attendee's license number

**Failure to record applicator attendance via the OPM website may result in revocation of program approval.**

**Applying for Re-approval**

Expired CE courses cannot be renewed. Courses may be submitted for re-accreditation by applying as if it were a new course.

**Universities, Colleges, and Professional Educators**

Programs submitted by a University, College, or professional educator may also be granted approval by the OPM Continuing Education Coordinator. A course outline or seminar agenda, and Instructor information must be submitted for review.

Correspondence may be addressed to:

Arizona Department of Agriculture
Office of Pest Management
1688 W. Adams Street
Phoenix, AZ  85007
Attn: CE Coordinator

Phone: (602) 255-3664
Fax:    (602) 255-1281
This checklist is a guidance tool - it need not be submitted to the OPM.

A. Continuing education program application 1 copy
B. Instructor application, resume or bio 1 copy
C. Course abstract or outline 1 copy
   Is the content sufficiently explained?  
   Have you indicated the amount of time for each section?
D. Copies of any material that will be used  
   or handed out to attendees (if applicable).  
   Do not send college or university textbooks -  
   make photocopy of front of book and submit 1 copy
E. Course examinations (if applicable) 1 copy
F. Copies of any promotional materials 1 copy
SAMPLE OUTLINE

Course Name: Pest Elimination in Hotels & Resorts
Instructor: Dr. Joe Smart
Presentation time: 3 hr.

I. Planning a pest elimination program 1/2 hour
   A. Determine the client's needs
   B. Determine current pest problems
   C. Understand production routines, shipping, storage, and maintenance programs.

II. Chemical control 1/2 hour
    A. Which products are appropriate and which are not.
    B. Define which products are appropriate for the different areas of infestation.
    C. Odors and other factors that may concern the client.

III. Non-chemical control options 1/4 hour
     A. Trapping
     B. Exclusion
     C. Mechanical maintenance

IV. Cooperation needed from management 1/4 hour
    A. Preparation and clean-up
    B. Maintenance and reports
    C. Communication

V. Treatment procedures in food handling areas 1/2 hour
    A. Proper materials
    B. Application techniques
    C. Identify problem areas
    D. Material and application precautions

VI. Treatment procedures in guest areas and non-food areas 1/2 hour
    A. Proper materials
    B. Application techniques
    C. Identify problem areas
    D. Material and application precautions

VII. Legal requirements, paperwork & recordkeeping 1/2 hour
     A. Labels & MSDS
     B. State & Federal inspections
     C. Required records

Total 3 hours
CE Course Quality Survey

Course Title: ______________________  Instructor Name: ____________________

Please use this Scale to Answer the Questions:

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<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<tbody>
<tr>
<td></td>
<td>Excellent</td>
<td>Good</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
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Instructor and Presentation:

1. Instructor Preparation?  ____
2. Instructor Communicated Clearly?  ____
3. Instructor Answered Questions?  ____
4. Handouts and Instructional Aids?  ____
5. Presentation Kept My Attention?  ____
6. Instructor’s Overall Grade?  ____

Course Content:

7. Course Content was as Advertised?  ____
8. Course Content related to my job?  ____
9. Course presented New Information?  ____
10. Course Content Overall Grade?  ____

I Rate this Course Compared to Others I’ve taken:  ____

Would you recommend this course to others?  Yes____No____
OFFICE OF PEST MANAGEMENT
CONTINUING EDUCATION PROGRAM APPLICATION

Type of course: ( ) Classroom ( ) Online Only ( ) Correspondence

Sponsor:__________________________________________ Phone:____________

Address:________________________________________________ Fax:____________

City:________________________________ State:____________ Zip:____________

If existing CEU Provider, Provider ID # _________________ E-Mail__________________________

______________________________________________________________

Course Title: ____________________________________________________________________

Date(s) Offered: ______________________________ Time(s): __________________

Class Location: ___________________________________ City: __________ State: _______

# of Hours Requested: __________ Instructor’s Name(s): _____________________________________________

Specific Categories of Credit Desired: ___________________________________

Previous Course Number (if applicable): __________________________________

Course Offered Online ( ) Yes ( ) No

Description of course activities:

Method of Evaluation: ( ) Pre/Post Test ( ) Discussion ( ) Attendance

Frequency of Course: ( ) Walk in any time ( ) One Time Only

Method of Pre-Notification: ( ) Written ( ) Phone ( ) Facsimile ( ) E-mail

Proof of attendance (in addition to on-line reporting, if any): ( ) Certificate

Print Name____________________________ Signature _________________________________ Date ________

NOTE: Office of Pest Management personnel may attend, without cost or advance notice, to monitor this course for evaluation purposes. If it is determined that the course or presenter varies significantly from that approved, the number of CEU’s may be modified or the course approval may be withdrawn.

The Office of Pest Management recognizes the standards set forth in the Americans with Disabilities Act. Individuals with disabilities who require an accommodation, including alternative formats and auxiliary aids may contact the OPM to make known their needs and preferences. Please call (602) 255-3664 at least 72 hours prior to the scheduled time.
OFFICE OF PEST MANAGEMENT
CONTINUING EDUCATION AUDIO/VIDEO TAPE APPLICATION

Sponsor: ____________________________ Phone: _______________
Address: ____________________________ Fax: ________________
City: ________________________________ State: ________ Zip: _______
If existing CEU Provider, Provider ID # _________________ E-Mail _________________________

Video Name: ________________________________________________________________________________________
Video Produced by: ___________________________________________________________________________________
Production Date: __________________________ Total Running Time: __________________________
Instructor's Name(s): __________________________________________________________________________________
Level of Instruction: ( ) Beginner ( ) Intermediate ( ) Advanced
Specific Categories of Credit Desired: _________________________________________________________________
Previous Course Number (if applicable): _______________________________________________________________________

Frequency of Course: ( ) Walk in any time ( ) One Time Only
Class Location: __________________________ City: _____________ State: __________
Comments: _______________________________________________________________________________________

NOTE: Office of Pest Management personnel may attend, without cost or advance notice, to monitor this course for
evaluation purposes. If it is determined that the course or presenter varies significantly from that approved, the number of
CEU's may be modified or the course approval may be withdrawn.

Print Name_________________________ Signature ___________________________ Date ________

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disabilities who require an accommodation, including alternative formats and auxiliary aids may contact the OPM to make
known their needs and preferences. Please call (602) 255-3664 at least 72 hours prior to the scheduled time.
INSTRUCTOR APPLICATION

Each instructor must complete an application. A resume or printed biography may be substituted in place of this application; otherwise all information requested in this application is mandatory.

PERSONAL INFORMATION:

Name: ___________________________________________ Phone:
Address: ___________________________________________ Fax:
City: ___________________________ State: ___________ Zip:

EDUCATION:

Credentialed or degreed in subject matter? ( ) yes ( ) no

School/College/University:

Degree Received: __________________ Year: ______ Major(s): ____________________________________________

EXPERIENCE:

List training courses completed in the subject matter:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

List training courses you have instructed in the subject matter:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Did you author the course(s)? ( ) yes ( ) no

List employment for the last three years:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Do you hold a current OPM License? ( ) yes ( ) no

If yes, list numbers & categories: __________________________

Print Name____________________________ Signature _________________________________ Date ________

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