

# CONTINUING EDUCATION SIGN-IN SHEET

Course Title \_\_\_\_\_ Date \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Course Location \_\_\_\_\_  
 (City) (State)

## IDENTIFICATION CODE

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 HOURS

Laws (L) \_\_\_\_\_  
 Ground (G) \_\_\_\_\_  
 Aerial (A) \_\_\_\_\_  
 Other (O) \_\_\_\_\_  
 Total \_\_\_\_\_

Hours column to be left blank unless attendee's hours are less than the accredited hours approved. →

**SIGNATURE**

**PRINT NAME**

**DPR**

**OFFICE USE ONLY**

License/Certificate# **L G A O Total**

*CE Hours*

### *Important Notice to all licensees:*

Your meeting sponsor is required to maintain continuing education (CE) attendance documentation in accordance with CCR Title 3, Section 6513. This sign-in sheet will be submitted by the meeting sponsor to CECPM for data tracking of CE attendance credit for your California Department of Pesticide Regulation (CDPR) license/certificate record, which may include reporting of CE attendance credit to CDPR. By signing this document you acknowledge that CECPM is authorized to report the CE attendance credit pertaining to your CDPR license/certificate to CDPR, a public agency of the State of California, and may in turn be subject to disclosure under the California Public Records Act (CPRA).

		DPR	OFFICE USE ONLY				Total
		License/Certificate#	L	G	A	O	
1.							
2.							
3.							
4.							
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20.							



**IMPORTANT:** Mail this original sign in sheet immediately to:

**CECPM**  
**1521 I STREET**  
**SACRAMENTO, CA 95814**

(CECPM SIGN-IN SHEET – August 2021)

DPR NUMBER: If you have more than one license or certificate, enter your **highest ranking** license or certificate number as ranked below:

1. **PCA** Agricultural Pest Control Adviser License (APCA)
2. **JP/AP** Pest Control Aircraft Pilot Certificate Holder (PCAP)
3. **QAL** Qualified Applicator License
4. **QAC** Qualified Applicator Certificate Holder

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