

Registration

2024-25 Integrated Pest Management CEC Recertification

STUDENT INFORMATION: (fie	lds marked	with * are	requir	red) PLEASE PRINT				
Social Insurance # (SIN) *			Student Number (if you have attended ACC before)					Gender (M or F) *
Last Name *		First Nam	ne *		Middle Initial *	Birt	Birth date (year/month/day) *	
Home Address *				City *			Prov. *	Postal Code *
Home Phone / Cell Phone*	Business I	Phone		PERSONAL Email*				

Integrated Pest Management (IPM) recertification by continuing education credits (CEC) recognizes continuing education				
in the	field of integrated	d pest management. This course is not available to first-tir	ne certifiers.	
	AGRC-0260	IPM CEC Recertification	\$250.00	

NOTE: Registration in AGRC-0260 IPM CEC Recertification is necessary for the CEC certification. Individuals who are registered and obtained the 15 required CECs within the five year recertification period will receive a Pass (P).

PAYMENT OPTIONS	□Visa	□ MasterCard	Cheque/Money Order	(payable to Assiniboine College)		
Card #		Expiry	Date	Telephone		
Name of Card Holder		Authorized Signature				
	be released, pay	ment <u>must</u> be received fr	rom the Sponsor.	ompany name for the above name		
Company Name						
Company Name Company Address						
Company Address			Province	Postal Code		

DECLARATION

I understand the grade I receive on my exam may be disclosed confidentially with my sponsor and Manitoba Agriculture's Licensing Agent.

I declare that I have read and understood the information on this registration, including the Notice Regarding Collection, Use and Disclosure of Personal Information and that all statements made with respect to this registration are true and complete. I understand that misrepresentation, falsification of documents or the withholding of requested information with respect to this application can result in cancellation of the registration or dismissal from the college. I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada. I agree to comply with the regulations of Assiniboine College.

Signature of Student ____

Date ____

FOR SCHOOL USE ONLY:

The above student is authorized to register in AGRC-0260 IPM CEC Recertification. The five-year recertification period for this student will now end December 31st, ______.

Authorized Signature	Date	
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Assiniboine College's collection, use and sharing of personal information is set out in its Privacy Policy and a copy of it is available by request from the FIPPA/PHIA Coordinator. By submitting your application or registration to Assiniboine you confirm that you consent to the collection and use of your personal information as identified at www.assiniboine.net/privacy

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