

# Application for Certified IPM Verifier

## I. Certified Verifier Status

Certified Verifiers are individuals approved by the IPM Institute to verify participant compliance with requirements of participating labeling or certification programs. To verify compliance, Certified Verifiers will conduct a site visit; review IPM, pesticide and other records; and interview the participant. Verifiers will prepare a summary report and submit the report to the IPM Institute or other participating program.

**A. Classifications:** Individuals may apply to become Certified Verifiers in Community IPM and/or Agricultural IPM.

**B. Requirements:** Certified Verifiers must have a minimum bachelor's degree and five years experience within the classification; must complete an approved training course in verification; and must complete a minimum of 36 credit hours in approved training every three years.

**C. Conflict of Interest:** Services provided by the certified verifier to the participant must be limited to assistance in meeting program requirements, assistance in improving practices relating to program requirements and verification of compliance with program requirements. With the exception of the preceding services, the certified verifier must not be employed by, contract with, or have any financial interest in enterprises involving the participant for a period of two years prior to and after the verification year.

**D. Certifications accepted in lieu of requirements:** Applicants may submit proof of current certification from the programs specified in Section II.A. in lieu of documenting education and experience requirements in this application, with the exception of Section II.E. Verification Training Course.

**E. Benefits:** Certified Verifiers will be granted membership in the IPM Institute and permission to use the IPM Institute Certified Verifier logo on all business cards and stationary, be listed with full contact information on the IPM Institute Web site, and receive a certificate and the IPM Institute quarterly newsletter.

**F. Application Fee:** A fee of \$210 must accompany this application, and will be refunded if the application is not approved.

**G. Renewal:** Certified Verifiers must renew by reapplication after three years. The application is due by December 31.

**H. Appeal of Denial:** Applicants who are denied Certified Verifier Status may reapply on resolution of the issue causing denial, or may appeal in writing to the IPM Board of Directors. Appeals will be reviewed at the next scheduled Board meeting.

## **II. Requirements**

**A. Proof of alternate certification:** In lieu of documenting education, experience and continuing education here, applicant may submit proof of certification from the following programs:

<b><u>American Society of Agronomy</u></b>	<b><u>Certification Number</u></b>	<b><u>Renewal Date</u></b>
Certified Crop Advisor	_____	_____
ARCPACS Certified Professional Agronomist	_____	_____
ARCPACS Certified Professional Crop Scientist	_____	_____
ARCPACS Certified Professional Crop Specialist	_____	_____
ARCPACS Certified Professional Soil Scientist	_____	_____
ARCPACS Certified Professional Soil Specialist	_____	_____
ARCPACS Certified Professional Soil Classifier	_____	_____
ARCPACS Certified Professional Horticulturist	_____	_____
ARCPACS Certified Professional Plant Pathologist	_____	_____
ARCPACS Certified Professional Weed Scientist	_____	_____
<b><u>Entomological Society of America</u></b>		
Board Certified Entomologist	_____	_____
<b><u>National Alliance of Independent Crop Consultants</u></b>		
Certified Professional Crop Consultant	_____	_____
Certified Professional Crop Consultant - Independent	_____	_____

If you are currently certified, submit proof of certification and renewal date with this application, and proceed to Section II.E., Verifier Training Course.

**B. Education:** A minimum bachelor's degree from an accredited institution is required. Please report all degrees granted:

Institution, City, State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_

Institution, City, State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_

Institution, City, State:

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Date of Graduation:

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Degree:

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**C. Experience:** Five years employment in each classification:

1. Current Position:

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Employer:

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Dates Employed:

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Duties:

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2. Position:

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Employer:

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Dates Employed:

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Duties:

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3. Position:

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Employer:

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Dates Employed:

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Duties:

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**D. Continuing Education:** Applicant must have completed at least 36 hours of approved continuing education within each classification during the three years prior to the date of application. Approved courses include those offered by Cooperative Extension and approved for Pesticide Applicator Training, and those approved for continuing education by the certification programs listed in Section II.A. Attach additional pages as needed.

1. Course Title, City, State:

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Instructor:

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Date:

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2. Course Title, City, State:

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Instructor:

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Date:

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3. Course Title, City, State:

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Instructor:

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Date:

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4. Course Title, City, State:

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Instructor:

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Date:

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5. Course Title, City, State:

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Instructor:

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Date:

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6. Course Title, City, State:

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Instructor:

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Date:

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7. Course Title, City, State:

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Instructor:

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Date:

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8. Course Title, City, State:

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Instructor:

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Date:

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9. Course Title, City, State:

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Instructor:

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Date:

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10. Course Title, City, State:

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Instructor:

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Date:

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11. Course Title, City, State:

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Instructor:

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Date:

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12. Course Title, City, State:

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Instructor:

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Date:

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**E. Verification Training Course:** Applicants must complete at least one approved training course on the verification process within three years of the date of application. For a list and schedule of approved training courses, see the IPM Institute Web site.

Course Title, City, State:

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Instructor:

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Date:

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Course Title, City, State:

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Instructor:

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Date:

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**F. Application Fee:**

\$210 for three years. Receipt of payment is not a guarantee of acceptance. Payments with applications not accepted will be refunded in full.

**G. Application Checklist:**

1. Read the IPM Verification Program Guidelines and Code of Ethics.
2. Complete an approved training course and continuing education credits.
3. Complete the application and sign the affidavit.
4. Attach applicable documentation, e.g., proof of certification in Section II.A., additional pages for continuing education credits in Section II.D.
5. Submit the application along with the fee to the IPM Institute of North America, Inc., 1914 Rowley Ave., Madison WI 53705, telephone 608-232-1528, fax 608-232-1530, email [ipminstitute@cs.com](mailto:ipminstitute@cs.com), Web site [www.ipminstitute.org](http://www.ipminstitute.org)

