

Associate Certified Entomologist

2015–2017 ACE RECERTIFICATION FORM



ESA Certification
3 Park Place, Suite #307
Annapolis, MD 21401

STEP ONE: Update all contact information

Full Name: _____ ACE Number: _____

Employer Name: _____

Employer Address: _____

Employer City, State, Zip: _____

Other Address: _____

City, State, Zip, and Country: _____

Primary phone: _____ Work Mobile Home

Other phone: _____ Work Mobile Home

Primary email: _____

Other email: _____

STEP TWO: Validate licensure, education, ethics

Being an ACE is more than just passing an exam. ACEs agree to maintain state licensure, adhere to the highest ethical standards, and continue their education. In order to recertify your ACE, please:

- 1) Review the ACE Code of Ethics (www.entocert.org/ace-code-ethics) and **sign below** to indicate your willingness to continue to adhere to these principles.
(sign here) _____
- 2) Provide a photocopy of your pesticide applicator's license showing current licensure (see box to right).
- 3) Document a minimum of 18 CEUs earned during the past three years (**2012-2014**), using the table below to determine eligible credits (attach additional sheets if needed). Each approved activity hour equals one CEU. **Eligible credits are described on the ACE website at www.entocert.org/maintain-my-ace-certification.**

(Affix current pesticide applicator's license here or on a separate sheet)

Activity	Date(s)	Provider(s)	CEUs claimed

STEP THREE: Payment information

Starting in 2014 ACE recertification will cover a three year period. By renewing now you will not need to renew again until December 31, 2017. Please choose the most appropriate option below.

Non-Members:

3-year: I am recertifying for the period from **January 1, 2015 through December 31, 2017**. I have (a) documented at least 18 CEUs on this form, (b) pledge that I will continue to maintain at least one state pesticide applicator’s license, and (c) will continue to adhere to the ACE Code of Ethics (initial here) _____. **FEE for 3-year recertification \$375**

ESA Members (If you personally are currently a member of the Entomological Society of America): (ESA ID # _____)

3-year: I am recertifying for the period from **January 1, 2015 through December 31, 2017**. I have (a) documented at least 18 CEUs on this form, (b) pledge that I will continue to maintain at least one state pesticide applicator’s license, and (c) will continue to adhere to the ACE Code of Ethics (initial here) _____. **FEE for 3-year recertification \$295**

JOIN ESA:

I am not a member of ESA but would like to join now (be sure to check “member” rates above). **2015 dues \$144**

Additional contribution to support the ACE and BCE programs \$25 \$50 Other _____

Just my ACE recertification, please.

ACE recertification fees.....	\$ _____
ESA dues (optional).....	\$ _____
Additional contribution (optional)	\$ _____
TOTAL	\$ _____

Credit Card Payment:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number _____ Exp. _____ Sec. Code _____

Name on Card _____

Signature _____

Check Payment Number _____

Submitting Your Information:

Please return this application and any supporting documents or payments to:

ACE Program
Entomological Society of America
c/o Wells Fargo
Lockbox 758954
Baltimore, MD 21275-8954
Phone: 301-731-4535, x3012 • Fax: 301-731-4538 Email: ace@entocert.org