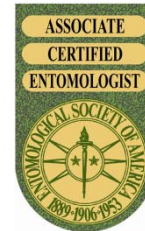




# Associate Certified Entomologist Meeting & Exam Application Form



Thank you for your interest in the ACE Certification Program. The purpose of this application is to establish an ACE training course through your organization. Please fill out the information below and on the second page, and then return it to the ESA Headquarters to begin the application process.

Date Submitted: \_\_\_\_\_ Date Processed [ESA Only]: \_\_\_\_\_

## **Organization Information:**

Organization Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, and Country: \_\_\_\_\_

Company phone/fax/email: \_\_\_\_\_

Your title: \_\_\_\_\_ Company web address: \_\_\_\_\_

Are there ESA and/or certified members on your training staff? Please check the appropriate box.

- Yes (names attached).
- No, but my organization is interested in having one or more members of our staff join the Society and/or become certified. Please send membership and/or certification information for \_\_\_\_\_ people.

## **Qualification**

*Please note applicants who attend your organizational training must have at least **7 year's of experience** in the pest control industry and be certified pesticide applicators in order to apply for ESA Associate Certified Entomologist status.*

## **Integrity**

By signing your name below you agree to the promotion of ESA Certification programs under the guidelines and restrictions listed below:

*The integrity of the training and promotion of the Certification Exam must be maintained in accordance with standard ESA certification protocols.*

*If your training session includes the examination phase, your examinations must be administered in an online format.*

*The examination application and proctoring rules would be no different than for anyone else. The proctor administering the examinations must either be certified as a BCE or is an ESA member.*

*This promotion would not be an exclusive arrangement. Competing companies will also be given an opportunity to promote the program and be expected to agree to the same guidelines and restrictions.*

*No company or organization is authorized to use the ESA, BCE or ACE logos for the development, promotion and/or implementation of the training or promotion.*

*Any ESA member within your organization or contracted with your organization may use the ESA logo in accordance with accepted practices for certified individuals and subject to the restrictions of the BCE and ACE Code of Ethics.*

Please provide the name and contact phone number for at least one person who could serve as a reference for your organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, and Country: \_\_\_\_\_

Company phone/fax/email/website: \_\_\_\_\_

---

Name	Signature	Date
------	-----------	------

Return to:

ACE Program  
Entomological Society of America  
Membership Services  
10001 Derekwood Lane, Suite 100  
Lanham, MD 20706  
301-731-4535, x3022

Or

e-mail to:  
**bce@entsoc.org**