

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

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Instructions on How to Fill out the PACE Application Form

Section 1: Training Provider/Sponsor Information

- *The Training Provider/Sponsor is the entity that is hosting/providing the training session. For example: ABC Association is providing a training for its' members*
- **Applicant Information:**
*This information should only be filled out if it is different then the Training Provider/Sponsor information. For example:
Joe Smith works for XYZ product company and has been hired by ABC Association to train their members.
Joe Smith told ABC Association, he would request the credits from the Department*

Section 2: Training Session Information

Training Type: The Training Provider must identify 'which type' of training they're applying for.

- **On Demand Trainings:** Trainings that the applicator can take at any time but does not have any live interaction
- **Live Stream Trainings:** Live one- time training with live interaction. (virtual meetings, virtual company trainings)
- **Virtual Classroom Trainings:** Multiple individuals in the same room at the same time watching a Live Stream/On Demand Training
- **Traditional Classroom Training:** Training that is provided in person

Important Note: The Training Program Provider is responsible for following and adhering to the Rules & Guidelines outlined within the Departments "[PACE TRAINING GUIDE & RULES](#)" as rules relative to On-Demand, Live Stream and Virtual Classroom trainings have changed.

If more than one session is being offered on the same day and the applicant would like to submit the request all at one time, Section 2 will need to be filled out for each session. A session is considered a "topic". For example:

A two hour presentation on laws and regulations is considered one session

A one hour presentation on weed identification and control is considered one session

If a session does not qualify for one credit but is combined with another session to equal one credit(or more) then Section 2 only needs to be filled out once. However, a detailed description of each session must be broken out and described in Section 2B.

Section 3: Evaluation

Please be sure to attach your evaluation form. Your request will not be accepted if it is not attached.

Section 4: Requirements for Training Provider/Sponsors

*These will be included in your package when a Credit/Contact hour is approved. They can also be found on our website.
<http://www.mass.gov/eea/agencies/agr/pesticides/pace-credits-and-contact-hours.html>*

PACE Program Contact

Trevor Battle, Trevor.Battle@mass.gov (617) 626-1775

PACE APPLICATION FOR MASSACHUSETTS CREDITS/CONTACT HOUR(S)

****You MUST complete all sections AND attach an agenda. Credits/Contact hours will not be approved until all items are submitted****

SECTION 1: TRAINING PROVIDER INFORMATION

Training provider is the association, company, or organization sponsoring or holding the training

NAME: _____

CONTACT INDIVIDUAL: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: _____ FAX: _____

EMAIL (REQUIRED): _____

APPLICANT INFORMATION (IF DIFFERENT THEN THE ABOVE)

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: _____ FAX: _____

EMAIL (REQUIRED): _____

SECTION 2: TRAINING SESSION

Title of Training: _____

Date(s) & Time(s) of Training: _____

Location of Training: _____

Type of Training (see sec.2 Instructions): _____
(Provider MUST Identify Type of Training or Application Cannot be Processed)

of Credits requested: _____

Training is applicable to the following (check all that apply):

___ Commercial Applicator (Core) License

___ Dealer License

___ All Massachusetts License holders

___ Commercial Certification License (list the certifications training applies to): _____

___ Private Certification License (list the certifications training applies to): _____

****Please note if you do not request a license type the Department will NOT make the determination for you****

Training method used (check all that apply):

___ Workshops, lectures, seminars

___ Self Study or Correspondence Course (Attach brochures, certificates, completed test work, etc.)

___ Academic Course (Attach copy of transcript(s))

___ Teaching or Publication (Attach copy of syllabus/paper/relevant material to verify your participation)

___ Online/CD training/Web based

SECTION 2A: CONTENT OR SUBJECT MATTER OF THE TRAINING

_____ Massachusetts State Pesticide Laws and Regulations

_____ Federal Laws and Regulations

_____ Endangered Species

_____ Groundwater Protection

_____ Pesticide Impact on Human Health

_____ Acute and Chronic Toxicity

_____ Safety

_____ Pesticide Label and Labeling Comprehension

_____ Application Techniques

_____ Calibration

_____ Personal Protective Equipment

_____ Non-Chemical Alternatives

_____ Biological Control

_____ Integrated Pest Management

_____ Other (Explain below)

SECTION 2B: TRAINING CONTENT

Provide a brief description or explain what training material will be covered.

SECTION 2C: IDENTIFICATION VERIFICATION

Provide a brief description on the 'identification verification' method(s) to be used. Acceptable identity verification methods may include but are not limited to:

- Pre-registration process in which the individual signing up for the training receives a personalized registration link.
- ID presentation prior to the training

Note: A sign-in sheet must be submitted to the Department trevor.battle@mass.gov within 7 business days of the end of the training. The attendance sheet should have the participants name printed along with their license number.

SECTION 3: EVALUATION OF TRAINING

Provisions must be made for evaluating the participants attainment of the information provided during the training. Participants must be given the opportunity to evaluate faculty, learning experiences, instructional methods, facilities and educational resources used for the programs.

Please attach a copy of the evaluation form you will use for your training program. Sample evaluation form has been attached, but you can create your own form if you chose.

SECTION 4: REQUIREMENTS FOR TRAINING PROVIDER/SPONSORS

Once a training has been approved for credits, you will receive a package (hard copy or email) that will include the requirements and expectations that must be followed when providing a training. You may also find these requirements on our website. If the Department finds that a Training Provider/Sponsor is not following these requirements, the Department reserves the right to not approve future Credit/Contact hour request.