

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

225 Turnpike Road, 3<sup>rd</sup> Floor, Southborough, MA 01772  
www.mass.gov/agr



Maura T. Healey  
GOVERNOR

Kimberley Driscoll  
LIEUTENANT  
GOVERNOR

Rebecca L. Tepper  
SECRETARY

Ashley E. Randle  
COMMISSIONER

### **Instructions on How to Fill out the PACE Application Form**

**Application Must Be Received at least 7 Business days Prior to Training**

#### 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" ([Full PACE Policy](#)) 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](mailto: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 [Application Must Be Received at least 7 Business days Prior to Training]\*\***

### 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 [see first page for guidance])

**# 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](mailto: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 to evaluate 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. A sample evaluation form has been attached, but you can create your own form if you choose.

### **SECTION 4: REQUIREMENTS FOR TRAINING PROVIDER/SPONSORS**

Once your 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 does not follow these requirements, the Department reserves the right to not approve future Credit/Contact hour request.