Associate Certified Entomologist
2023–2025 ACE RECERTIFICATION FORM

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 (2020-2022), 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.

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<tr>
<th>Activity</th>
<th>Date(s)</th>
<th>Provider(s)</th>
<th>CEUs claimed</th>
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(Affix current pesticide applicator’s license here or on a separate sheet)
STEP THREE: Payment information

ACE recertification covers a three year period. By renewing now you will not need to renew again until December 31, 2023. Please choose the most appropriate option below.

Non-Members:
☐ 3-year: I am recertifying for the period from January 1, 2023 through December 31, 2025. 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, 2023 through December 31, 2025. 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’m not a member now, but am joining now (be sure to check member rates above). 2023 dues $161 (full member)
☐ 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
3 Park Place
Suite 307
Annapolis, MD 21401
Phone: 301-731-4535, x3026 • Email: ace@entocert.org

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