

Certified IPM Technician

2024 CIT RECERTIFICATION FORM



ESA Certification
 140 Jennifer Rd, Suite 230
 Annapolis, MD 24101

STEP ONE: Update all contact information

Full Name: _____ CIT 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 a CIT is more than just passing an exam. CITs agree to maintain state licensure, adhere to the highest ethical standards, and continue their education. In order to recertify your CIT, please:

- 1) Review the CIT Code of Ethics (<https://entocert.org/cit/coe>) and **sign below** to indicate your willingness to continue to adhere to these principles.
 (sign here) _____
- 2) Affirm that you are still eligible to apply restricted use pesticides in your jurisdiction:
 (sign here) _____
- 3) Document a minimum of 6 CEUs earned during the past year, 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 CIT website at www.entocert.org/cit/renew/ceus**

Activity	Date(s)	Provider(s)	CEUs claimed

STEP THREE: Payment information

CIT recertification covers a one year period. By renewing now you will not need to renew again until December 31, 2024. Please choose the most appropriate option below.

Non-Members:

1-year: I am recertifying for the period from **January 1, 2024 through December 31, 2024**. I have (a) documented at least 6 CEUs on this form, (b) pledge that I will continue to remain eligible to apply pesticides, and (c) will continue to adhere to the CIT Code of Ethics (initial here) _____. **FEE for 1-year recertification \$50**

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

1-year: I am recertifying for the period from **January 1, 2024 through December 31, 2024**. I have (a) documented at least 6 CEUs on this form, (b) pledge that I will continue to remain eligible to apply pesticides, and (c) will continue to adhere to the CIT Code of Ethics (initial here) _____. **FEE for 1-year recertification \$42**

JOIN ESA:

I'm not a member now, but am joining now (be sure to check member rates above). **2024 dues \$168 (full member)**

Additional contribution to support the ESA Certification programs \$25 \$50 Other _____

Just my CIT recertification, please.

CIT 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:

CIT Program
Entomological Society of America, c/o Wells Fargo Bank,
PO Box #718954,
Philadelphia, PA 19171-8954
Phone: 301-731-4535, x3026 • Email: cit@entocert.org