Certified IPM Technician
2024 CIT RECERTIFICATION FORM

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: ________________________________________________________________________________
Other phone: ________________________________________________________________________________
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

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<tr>
<th>Activity</th>
<th>Date(s)</th>
<th>Provider(s)</th>
<th>CEUs claimed</th>
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CIT_RENEW_2024
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