## (For WPS County Extension Meetings Only)

EPP INFO #342A

				(Rev. 02/06/17
DATE:				
FROM:		County:	Ph	one:
	(name)			
			EPA materials	used:
(Signature	required of Extension Agent veri	ifying training)		
Subject:	Extension – WPS Training In	nformation		
•	sible after the training sessio aining or retraining Workers a	• • • • • • • • • • • • • • • • • • • •		
	(615-837-5012) or mail. DO N	·	•	
	ses for mailing information to		7 1D/1 beeduse perso	nar imormation may be
	•			
	University of Tennes and Plant Path.	ssee Send a copy	of this page to the F	PSEP Office Entomology
	PSEP Office			
	2505 E.J. Chapman [	Drive		
	Knoxville, TN 37996	-4560		
	FAX (865) 974-8868			
========	: W	======================================	======== Y	============
<b>.</b>				
Date of Meetin	ng:	LOCATION:		
NAME OF MEE	TING: WPS PROGRAM	LANGUAGE	TRAINED IN:	·
Actual Hours		No. Initiall		
in training		Trained	No. Re-trained	Note:
	Trainers:			

Actual Hours in training		No. Initially Trained	No. Re-trained	Note:
	Trainers:			
	Handlers:			
	Workers:			

## Note:

- •All PSEP forms and publications may be found on the PSEP website at http://psep.utk.edu
- •UT Training materials should be used at the county level when training Trainers, Workers or Handlers (EPA approved).
- •An operator of a farm, forest, nursery or greenhouse who does their own training may order the approved training materials from Gemplers (http://gemplers.com).
- •Encourage an operator of a farm, forest, nursery or greenhouse to use EPP Info #346 when reporting, if they do their own training in WPS. Send TDA and the PSEP office a copy. The Extension Agent may furnish the owner or operator copies of the form or they may be downloaded from the PSEP website. In the event an employer would like to conduct their own WPS Training, WPS videos may be provided to them, however they would be responsible for filing all paperwork with the Tennessee Department of Agriculture.





(Rev. 02/06/17)

## **SEND TO:** Tennessee Department of Agriculture, Consumer and Industry Services, Box 40627, Melrose Station, Nashville, TN 37204 (Send complete information to TDA. Do not email to TDA. Extension should keep a copy on file for 2 years, and send copies to the PSEP Office.)

ROM:	NAME:	Pesticide Certification no.:
Signature of Extension personnel verifying training)	(please print legibly)	
Address of Office:		Phone:
SUBJECT: Extension – Roster for WPS Tra	ainer, Worker and Handler Training	EPA approved material no.:
Check the Trainer box if you are an owner, operator outlended and completed requirements for Train-The-To		nouse who is taking the training in the WPS standards. Individuals who hav vever, they must also receive T-T-T Training annually.
Check the Work or Handler box if you are an employee	at a farm, forest, nursery or greenhouse and ta	aking the initial training or being retrained as a Work or Handler.
		orker or Handler, nor are they required to be certified as a Pesticide Applicator, he/she is not required to take the WPS training for Workers or Handlers.

Check appropriate box		box	Make certain you include EPA approved material identi	fier:				
in below column			mn					
Trainer	Trained Handler	Retrained Handler	Trained Worker	Retrained Worker	Printed name and Signature (Please Print Legibly and must be in trainee's handwriting)	Address	County	Employer's name

		prop colu		box	Make certain you include EPA approved material identifier:					
Trainer	Trained Handler	Retrained Handler	Trained Worker	Retrained Worker	<b>Printed name and Signature</b> (Please Print Legibly and must be in trainee's handwriting)	Address	County	Employer's name		