



## TRAINING DOCUMENTATION - GOLF

Golf Course: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Agent/Supt: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For each employee, circle specific topics covered. Verifying documents to be supplied upon request

**CP** = cultural practices\*    **IP** = insect pest identification\*    **EO** = equipment operation\*    **IPM** = IPM fundamentals\*  
**PLI** = plant identification (grasses, etc) \*\*    **DI** = disease identification\*\*

\*mandatory for all personnel with monitoring or application duties      \*\*strongly recommended

Employee	Position: Office(O) Lic(L) Tech(T)	Mandatory	Recommended	Instructor	Post Secondary Education
		CP, IP, EO, IPM	PLI, DI	In House Seminar	
		CP, IP, EO, IPM	PLI, DI	In House Seminar	
		CP, IP, EO, IPM	PLI, DI	In House Seminar	
		CP, IP, EO, IPM	PLI, DI	In House Seminar	
		CP, IP, EO, IPM	PLI, DI	In House Seminar	
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		CP, IP, EO, IPM	PLI, DI	In House Seminar	
		CP, IP, EO, IPM	PLI, DI	In House Seminar	
		CP, IP, EO, IPM	PLI, DI	In House Seminar	
		CP, IP, EO, IPM	PLI, DI	In House Seminar	

I verify that the above information is accurate and truthful:      Agent: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use only: Auditor Rating: \_\_\_\_\_ Auditor: \_\_\_\_\_ Date: \_\_\_\_\_