



Master Technician Seminar Record

Name: _____

Date of Seminar	Seminar Title	Test Score	<input type="checkbox"/> Required <input type="checkbox"/> Optional
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Complete 8 out of 12 seminars within a 2 year period
(Each course will be a minimum of 1 hour. Some will be longer. This list is subject to change)

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| Bed Bug Seminar - Mandatory | Cockroaches Seminar - Optional |
| Pest ID Seminar; Hands-on - Mandatory | Termites WDI Seminar - Optional |
| Ticks & Mosquito Seminar (Blood Feeders) - Optional | Pest Flies Seminar - Optional |
| Pesticide Safety - Mandatory | Occasional Invaders - Optional |
| Best Practices for IPM Seminar - Mandatory | Ants Seminar - Optional |
| Rodent Seminar - Mandatory | Customer Communication / Management - Mandatory |