



Document title

APPLICATION FOR ACCREDITATION
Accredited Fertilizer and Pesticide Researcher

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Revision no.	0
Date	09.13.2019
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Approved by	D.M De Leon
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Latest
1 x 1
Picture

Control No. _____

New

Renewal

Date of training/last symposium attended: _____ Venue : _____

FIELD OF DISCIPLINE:

<input type="checkbox"/> Plant Nutrition/Fertilizer	<input type="checkbox"/> Entomology
<input type="checkbox"/> Plant Pathology	<input type="checkbox"/> Supervised Pesticide Residue Trial (SPRT)
<input type="checkbox"/> Weed Science	<input type="checkbox"/> Others (Pls. specify) _____

NAME	
EMAIL ADDRESS	
CONTACT NUMBER	
COMPANY NAME/ UNIVERSITY AFFILIATION	
ADDRESS	

I hereby certify that the above information is correct to the best of my knowledge.

Signature

Requirements to be attached to this application	<ol style="list-style-type: none"> Certificate of attendance to training/symposium Latest Resume which includes academic specialization, training, published research or current research undertakings, and years of research experience for the discipline being applied for (Greenbook, Chapter 4.5.5.B) Approved protocol Authorship of one (1) publication in a refereed journal or two(2) publications in non-refereed journals along the discipline being applied for in case of expansion of accreditation for additional research discipline (Greenbook, Chapter 4.5.5.B)
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PRIVACY NOTICE AND CONSENT TO USE DATA

We respect your privacy and keep your personal information confidential unless we are lawfully required or allowed to disclose it or that you give your written consent to such disclosure.

CONSENT TO PROCESS AND SHARE DATA

In compliance with the Data Privacy Act, I hereby give my consent to the Fertilizer and Pesticide Authority to share my contact details to its registered clients who need researchers with my field of discipline to conduct field experiment to support fertilizer or pesticide product registration.

Signature of Researcher

FOR FPA USE ONLY: Received by/Date: _____	Date Issued	: _____
	Amount Paid	: _____
	Official Receipt No.	: _____
	Place	: _____