



Document title

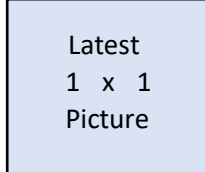
APPLICATION FOR ACCREDITATION FERTILIZER AND PESTICIDE RESEARCHER

Form no.	FPA-PMID - 02
Revision no.	3
Date	06.07.2022
Author	A.D Gonzales
Approved by	D.M De Leon
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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	MIDDLE INITIAL	SURNAME
EMAIL ADDRESS		
CONTACT NUMBER		
COMPANY NAME / UNIVERSITY AFFILIATION		
COMPANY / UNIVERSITY AFFILIATION ADDRESS		

I hereby certify that the above information is correct based on personal knowledge.

Signature

Requirements

1. Attendance to training (**New**)
2. Attendance to symposium (**Renewal**)
3. Approved protocol (**New**)
4. Latest Resume which includes academic specialization, training, published research or current research undertakings, and years of research experience for the discipline being applied for with affixed signature.
5. With at least 3 years' research experience (**New**)
6. Authorship of one (1) publication in a refereed journal or two (2) publications in non-refereed journals or at least 5 years' research experience on the discipline being applied for in case of expansion of accreditation for additional research discipline.
7. For in-house researchers, certification stating that publication of researchers are not allowed due to confidentiality.

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 : _____