



Part A - set by the MOE. Part B- set by the PIRC pursuant to MOU protocols
**Updated 2007 Code Of Ethics For Company
 In-House PTP Examiners and IPM Agents**

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Representing the Agriculture, Aerial, Aquatic, Forestry, Landscape, Industrial vegetation and Structural Certified IPM Industry



PART A:

PTP CODE OF ETHICS For Examiners

(Minimum Requirements)

As an Examiner, I acknowledge that I have the responsibility to protect the integrity of the Pesticide Technician Program by ensuring that I conduct a fair, equitable and proper examination process based on the Technician Manual to measure the competency of a candidate.

Accordingly, I agree to adhere to the following Code of Ethics:

- I will act, at all times, in a manner which will not compromise the integrity of the Standards Development Branch, Ministry of the Environment (MOE) approved examination process.
- I will maintain the confidentiality of the examination and the answers to the questions thereon. If the evaluation procedure is deemed to be an open book examination I will ensure no resources other than the approved Technician Manual is used during the examination and that any time limit required to write the examination is followed.
- I will ensure any other examination requirements or conditions are followed. Before conducting an examination I will request to see photo identification unless the candidate is personally known to me.
- I will allow no copies to be made of the examination except as required to evaluate candidates. I will make available the examination to candidates in a timely manner.
- I will not assist the candidate in determining the answers to the questions on the examination.
- I will provide to the candidate within two working days the results of the examination.
- I will also provide, within two working days, to a candidate who has successfully completed the examination based on the Technician Manual by obtaining a mark of 75% or higher, a Technician Identification Card that has been issued to me by the respective the Pesticide Industry Regulatory Council (PIRC) or the Pesticide Industry Council (PIC) and that is pre-numbered and includes my printed name.
- I will sign the Technician Identification Card verifying the candidate successfully completed the examination and date the card indicating when the examination took place.
- I will mark all examinations and forward, by mail, fax or electronically, to the respective PIRC or PIC, as instructed, the following information: the name of each candidate I examined, the date the examination took place and, if successful in passing, the grade obtained by the candidate, the Technician Identification Card Number issued and report any prior unsuccessful examination attempts.
- I will retain on file all examination answer sheets that indicate a mark of less than 75% for at least 60 days in case of a dispute and, unless otherwise instructed by the PIC or the PIRC, destroy all examination answer sheets that indicate a mark of 75% or higher.
- I acknowledge that if, in the opinion of the PIRC and/or the PIC, I fail to follow this Code of Ethics, or I commit an offence under the *Pesticides Act* or Regulation 914, or otherwise give the PIRC or the PIC good reason to doubt my honesty or integrity, I may have my designation removed by the registering PIRC or the PIC and I will no longer be authorized to offer examinations.
- In addition, I understand and agree that all aspects of the examination process are subject to and available for a quality assurance check as may be requested by the PIRC, PIC or MOE.
- I will maintain the confidentiality of all personal information (including names, home contact information, and candidate exam performance) that comes into my possession in my capacity as examiner, and will collect, use or disclose it only in accordance with consent provided by the individuals to whom it provides, and as required for administration of the Pesticide Technician Program (PTP).

Signed _____ Print Name _____ Date _____

Exterminator _____ Operator License _____

License No. _____ No. (if applicable) _____

Employer or Company Name: _____

Address: _____

Town or City _____ Postal Code _____

Telephone No. () _____ Fax No. () _____ Email _____

Mailing Address Same or _____

Town or City _____ Postal Code _____