

Supervisor Approval Form

New England Equipment Calibration Professional Development for Nutrient and Pesticide Application Equipment

A specially designed professional development project (PDP) in equipment calibration for nutrient and pesticide application is planned for agriculture service providers in New England over the next two years (2018-2020). In 2019, we will focus on sprayer calibration. This project is open to personnel working in New England in Extension, USDA agencies, state agriculture agencies, and non-government organizations who are working with crop producers.

The timeframe of the project is two years (2018 – 2020), and we are currently recruiting for the 2019 training that will focus on calibrating sprayers. The sprayer calibration training will include one two-day field training sessions and at least three 60-minute webinars offered in the winter/early spring, and self-study. It is estimated that participant time commitment for the training and self- study will take about 30 hours per year. Participants are expected to actively take part and provide regular feedback regarding their related work with farmers and growers over the life of the project. **Expenses for travel, meals and overnight stay for the two in-service trainings will be covered by the project.**

The following timeframe has been set so far:

- February 20, 2019 — Applications due
- February 25, 2019 — Applicants will receive confirmation of their approval
- March 15, 2019 – First webinar
- April 4, 2019 – Second webinar
- April 25, 2019 –Third webinar
- May 8 and 9 — Field training session in Durham, NH

For more information about the project, go to <https://extension.umaine.edu/agriculture/equipment-calibration/>

Please fill this section out and either scan and email or direct mail this form to:

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Augusta, ME 04330
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207.622.7546

Supervisor Agreement:

I have read the information about the New England Equipment Calibration Training Program and agree to support my employee to participate in all trainings and webinars for this program. I will assure that this project is part of his/her work plan.

Supervisor Signature: _____ Date: _____

Supervisor Title: _____ (please print)

Organization: _____

Participant Name: _____