



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**LP GAS  
CONTINUING EDUCATION COURSE  
APPROVAL APPLICATION**

**NICOLE "NIKKI" FRIED  
COMMISSIONER**

Chapter 527, Florida Statutes  
Rule 5J-20.004, Florida Administrative Code

*Please return completed  
application to:*

FDACS  
2005 Apalachee Parkway  
Tallahassee, FL 32399-0800

**APPLICATION TYPE**

Course Application / Update  Course Renewal

**PROVIDER INFORMATION**

**Individual / Company Name:**

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**Provider Number(s):**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Telephone Facsimile*

**Point of Contact:**

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**Mailing Address** *(If applicable please include suite and/or unit numbers.):*

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**COURSE INFORMATION**

**Is this a new course?**  Yes  No Course #: \_\_\_\_\_

**If this is not a new course, has the course changed?**  No  Yes *(If yes, please include an outline of the changes on a separate sheet.)*

**Title of Course, Workshop, or Seminar:** \_\_\_\_\_ **Number of Classroom Hours:** \_\_\_\_\_

**Does this course meet the continuing education requirement set forth in Rule 5J-20.062, F.A.C.?**  Yes  No

**REQUIRES SIGNATURE OF PROVIDER POINT OF CONTACT**

The above information is complete and truthful to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## General Information

There is no fee to submit this application.

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services Bureau of Compliance at (850) 921-1600.

Before submitting an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is furnished. Please type or print in ink. Applicants are cautioned to read questions thoroughly.

***If you are applying to qualify more than one course, you must fill out a form for each course and provide supporting documentation for each course.***

### **COURSE TITLE**

As it is to appear on any advertisements or in internal company records.

### **COURSE DESCRIPTION**

Shall relate to the inspection and technical skills required for students.

### **COURSE OBJECTIVES**

Clearly and specifically state what skills or knowledge the applicants should be able to demonstrate when the course is successfully completed.

### **METHOD OF COURSE PRESENTATION**

Shall describe how the content will be presented.

### **SUBMIT A COPY OF COURSE MATERIALS**

The outside vendor shall review the course content annually and immediately notify the department of any revisions to course materials or documents and shall provide copies of such revisions or documents to the department for review.

**The approval for such courses will expire five years from the approval date. Courses must be reapproved in order to be eligible for continuing education credits.**