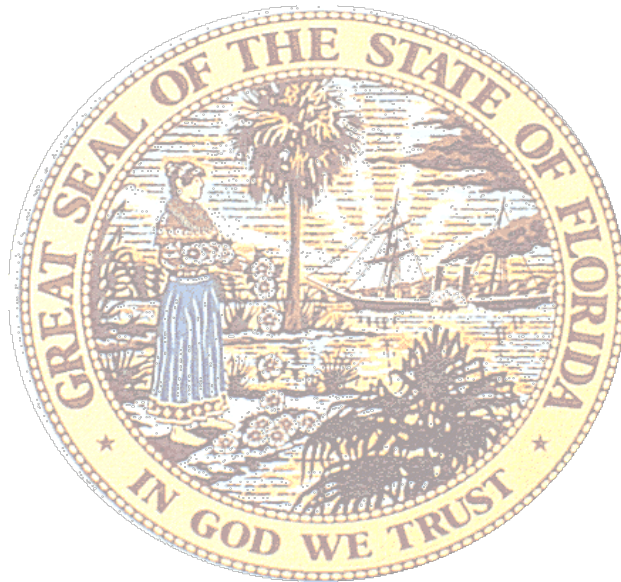


# Florida Board of Professional Engineers

2639 North Monroe Street, Suite B-112

Tallahassee, Florida 32303



## Application For Continuing Education Provider **New Provider Application**

# APPLICATION FOR CONTINUING EDUCATION PROVIDER

## New Provider Application

*If you have any questions or need assistance in completing the application, please contact  
Nancy Wilkins (850) 521-0500 ext. 113.*

## APPLICATION CHECKLIST

Application Requirements
<input type="checkbox"/> <b>ALL INFORMATION MUST BE TYPED. NOT TYPING THE INFORMATION PROVIDED IN THE APPLICATION WILL RESULT IN THE PAYMENT AND APPLICATION BEING RETURNED TO YOU TO BE FILLED OUT CORRECTLY. THIS WILL CAUSE A DELAY IN THE PROCESS AND MAY RESULT IN A MISSED APPLICATION DEADLINE.</b>
<input type="checkbox"/> Complete The Continuing Education Provider Application
<input type="checkbox"/> \$250.00 Application Fee
<input type="checkbox"/> Submit a sample copy of a typical course outline covering the subjects and the Continuing Education Hours (CEHs) that will be given
<input type="checkbox"/> Submit a copy of instructor(s) résumé(s)
<input type="checkbox"/> Submit a sample course certificate of completion

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please read all questions thoroughly.

### ATTESTATION STATEMENT:

The provider's point-of-contact is required to sign the attestation statement located on the bottom of page 3. It is NOT to be signed by an instructor or administrative representative.

### GENERAL INFORMATION:

Please complete all sections of the application. If the question does not pertain to you, then please write N/A. A fee of \$250.00 must accompany the application. If the correct fee is not attached, then the application will be mailed back to you. [If you plan to offer Laws and Rules and/or Professional Ethics courses, you must complete a separate Laws and Rules and/or Professional Ethics Course Application\(s\).](#)

### CERTIFICATE OF COMPLETION:

Attach a sample certificate of completion. Each certificate must contain the provider number, course or seminar number and the date(s) of attendance. The provider must maintain all attendance records for at least four (4) years after the date of the offering of each course or the receipt of documentation for completion of a home study or interactive distance learning course. See Rule 61G15-22.012, FAC.

**ANTICIPATED LOCATIONS:**

Attach a list of anticipated locations for course offerings.

**COURSE MATERIALS AND SAMPLES:**

Attach a sample of course materials. [Diskettes, CDs, books, or bulky materials are not acceptable samples.](#)

**EVALUATION METHOD:**

Describe the method of evaluation that will be used to determine if the course attendees achieve the objectives of the course.

**DETAILED COURSE OUTLINE:**

The detailed course outline must indicate the course topic, all points to be covered regarding the topic and an associated timeline indicating the number of minutes to be spent on each topic. Reiteration of course topics does not constitute a detailed course outline. The course outline must be attached as an addendum to the application.

**PROVIDER STATUS (EXPIRATION):**

Pursuant to Rule 61G15-22.014, F.A.C., provider status expires on May 31<sup>st</sup> of each odd numbered year. Providers must complete a renewal application ninety (90) days before the expiration of provider status in order to prevent a lapse in provider status and to allow the continuation of providing courses or seminars for credit that would be acceptable to the Board. **Pursuant to Rule 61G15-22.012(8) all providers must notify the board within 14 days of a change in their address or telephone number.**

**PROVIDER OBLIGATIONS:**

[All providers are required to provide certificates to all participants. All providers and participants are required to keep record copies for at least 4 years.](#)

The provider's name, provider number and course name must be used on all correspondence, advertisements, etc.

Once your application is approved you will be given a continuing education provider number. You must include this complete number on everything you send to the Board office.

**INSTRUCTOR QUALIFICATIONS:  
(REQUIRED BY COMMERCIAL EDUCATOR APPLICANTS ONLY)**

Please attach a copy of the names of all instructor(s) and their résumé(s)/curriculum vitae, listing any and all education and relevant work experience that allow the person to instruct the courses being offered.

Please send your completed application and documentation to

Florida Board of Professional Engineers  
2639 N. Monroe Street, Ste B-112  
Tallahassee, FL 32303  
[www.fbpe.org](http://www.fbpe.org)



## APPLICATION FOR CONTINUING EDUCATION PROVIDER NEW PROVIDER APPLICATION



**Fee: \$250**  
**(Made Payable to FBPE)**

<b>COMPANY NAME:</b>			
<b>MAILING ADDRESS:</b>	Number and Street:		Apt/Lot No.:
	City:	State:	Zip Code: County:

<b>BUSINESS TELEPHONE NUMBER:</b>	<b>EMAIL ADDRESS:</b> <small>* All email addresses are public records pursuant to F.S. Chapter 119.011(12)</small>
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**POINT OF CONTACT:**

**\*SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NUMBER:**

\*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42, United States Code, Section 883 and 854; and Sections 455.203(9), 409.2577 and 409.2598, Florida Statutes. Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Sec. 317.

### PROVIDER CATEGORY

Please check the category that best describes your organization.

A commercial educator. See Rule 61G15-22.002, F.A.C. Definitions. (An individual or business organization trained in teaching and offering education courses for a profit).

A state or national professional association whose primary purpose is to promote the profession of engineering.

A Professional Engineer with a Florida license to practice engineering who is not and has never been the subject of disciplinary action.

A Professional Engineering Business holding a current Florida Certificate of Authorization.

A governmental agency impacting the practice of engineering that is **NOT** a State or Federal Agency exempt under Rule 61G15-22.011(9), F.A.C.

Other (Describe)

### ADDITIONAL PROVIDER INFORMATION

If you are a **Florida Professional Engineer** applying for provider status, please list your Florida P.E. License # \_\_\_\_\_

If you are a **Professional Engineer** applying for provider status, please indicate whether any state Board has ever taken disciplinary action against your engineering license.  Yes  No

If you answered yes, please provide the Final Order number and the violation.  
FINAL ORDER NUMBER: \_\_\_\_\_

Violation: \_\_\_\_\_

If you are a **Professional Engineering Business** applying for provider status, please list your Florida CA #. \_\_\_\_\_

If you are a professional engineering business applying for provider status, has any state Board ever taken disciplinary action against the certificate of authorization for your engineering business?  Yes  No

If you answered yes, please provide the Final Order number and the violation.  
FINAL ORDER NUMBER: \_\_\_\_\_

Violation: \_\_\_\_\_

**COURSE INFORMATION**

Please answer the following questions pertaining to the course(s) your organization is offering.

**Describe the types of courses or seminars you expect to conduct as a Continuing Education Provider.**

\_\_\_\_\_

Attach supplement if needed.

**Describe how you plan to update your course(s) based on changes in the law or rules.**

\_\_\_\_\_

Attach supplement if needed.

**Describe the procedures to be used in evaluating the licensee's performance in the course.**

Attach supplement if needed.

**Attach a sample course curriculum.**

**Diskettes, CDs, books, or bulky materials are not acceptable samples.**

Attach supplement if needed.

### ATTESTATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I hereby agree to abide by the Florida Board of Professional Engineers Laws and Rules regarding Continuing Education provider status in Chapter 61G15-22.

**Applicant**

**Sign Here**  \_\_\_\_\_

**Date** \_\_\_\_\_

**REMINDERS:**

- \* ATTACH A COPY OF THE CERTIFICATE OF COMPLETION.
- \* IF APPLYING AS A COMMERCIAL EDUCATOR: ATTACH A COPY OF THE INSTRUCTOR(S) RESUME DEMONSTRATING KNOWLEDGE OF SUBJECT MATTER.
- \* ATTACH A LIST OF COURSES AND THE AMOUNT OF CEHs FOR EACH COURSE.