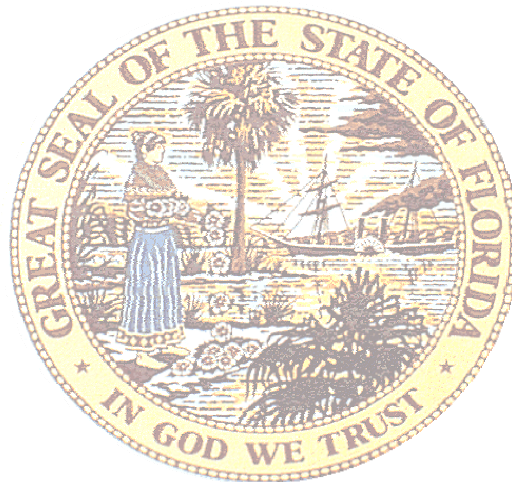


FLORIDA BOARD OF PROFESSIONAL ENGINEERS

**2507 Callaway Road, Suite 200
Tallahassee, Florida 32303**



APPLICATION FOR CONTINUING EDUCATION PROVIDER

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2507 Callaway Road, Suite 200

Tallahassee, Florida 32303

TEL: (850) 521-0500 FAX:(850) 521-0521

Attention: Jeannie Carlton jcarlton@fbpe.org

APPLICATION INSTRUCTIONS FOR CONTINUING EDUCATION PROVIDER

1. Please complete all sections of the application. If the question does not pertain to you, then please write N/A so we know that the question was read.
2. 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.
3. Attach a list of anticipated locations for course offerings.
4. Attach a sample of intended course materials.
5. An application fee of \$250.00 must accompany the application. If the correct fee is not attached, then the application will be mailed back to you.
6. Provider status expires on May 31st of each odd numbered year. Providers must apply anew 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. All providers must notify the board within 14 days of a change in their address or telephone number.
7. The Provider's name, provider number and course name must be used on all correspondence, advertisements, etc. It is the Provider's responsibility to resolve any conflicts over reporting problems.
8. Once your application is approved you will be given a continuing education provider number). You must include this complete number, on everything that you send to the Board office.
9. If you have any questions regarding this application, please contact Jeannie Carlton @ (850) 521-0500 ext. 24.

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ATTENTION: JEANNIE CARLTON

jcarlton@fpbe.org

OFFICE USE ONLY

FEE: _____
\$250.00 application fee

**APPLICATION FOR THE
BIENNIUM
ENDING 05/31/07**

DO NOT WRITE IN THIS SPACE

NEW PROVIDER : _____

RETURN PROVIDER: _____

GENERAL INFORMATION:

PROVIDER NAME

IF APPLICANT IS A BUSINESS, PLEASE PROVIDE NAME & TITLE OF CONTACT PERSON

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

Are you currently a Continuing Education Provider in Florida? _____ **YES** _____ **NO**

If you answered yes, please list your CEP#. _____

PLEASE CHECK THE CATEGORY THAT BEST DESCRIBES YOUR ORGANIZATION.

_____ A regionally accredited educational institution.

_____ A commercial educator. (As defined in Rule 61G15-22.002, this is an individual or business organization trained in teaching and offering education courses for a profit).

_____ A governmental agency.

_____ 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 business organization offering engineering services and holding an active, current certificate of authorization by the Board pursuant to s. 471.023, F.S.

Do you intend to offer courses on the Board's laws and rules and/or other areas of practice?

_____ **BOARD'S LAWS & RULES** _____ **OTHER AREAS OF PRACTICE**

If you are a **professional engineer** applying for provider status, please list your Florida PE #.

If you are a **professional engineer** applying for provider status, please indicate whether the Board of Professional Engineers has ever taken disciplinary action against your 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 organization** applying for provider status, please list your Florida CA #.

If you are a **professional engineering business organization** applying for provider status, please indicate whether the Board of Professional Engineers has ever taken disciplinary action against your certificate of authorization?

_____ **YES** _____ **NO**

If you answered yes, please provide the Final Order number and the violation.

FINAL ORDER NUMBER: _____

VIOLATION:

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

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

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

List anticipated locations of courses being offered:

Describe your staffing capabilities, i.e., how large is your company or organization?

List and attach a sample course curriculum for each intended course.

I hereby agree to abide by the Florida Board of Professional Engineers Laws and Rules regarding Continuing Education.

Signature of Authorized Representative

Date Signed