



APPLICATION FOR CONTINUING EDUCATION COURSEWORK APPROVAL
FLORIDA WATER WELL CONTRACTOR CONTINUING EDUCATION PROGRAM

Please mail or email the completed application to the address below. The Administrator shall approve or deny all applications for coursework within fourteen (14) business days from receipt. Some or all of the information in this application may be posted on the Florida Water Well Contractor Continuing Education Program website: FLWWCEU.ORG

Florida Water Well Administrator
Florida Water Well Contractor Continuing Education Program
Attn: Coursework Approval
325 John Knox Rd Ste L103
Tallahassee, FL 32303
Email: info@flwwceu.org; Phone (850) 205-5641; Fax (850) 222-3019

SECTION I: COURSEWORK PROVIDER INFORMATION (Please print or type)

Provider Name: _____ Provider ID Number: _____
Provider Contact Number: Work: _____ Cell: _____
Provider Email Address: _____
Coursework Title: _____: Coursework Fee? Yes No
This is a: New Course Repeat of Previously Offered Course
Course Level Basic Intermediate Advanced

SECTION II: COURSEWORK INFORMATION AND INSTRUCTOR QUALIFICATION (Please print or type)

Coursework Date: _____ Coursework Time: _____: Anticipated Attendance: _____
Coursework Location: _____
Address: _____

Table with 2 columns: Instructor(s) Name (Attach Qualifications/Resume Separately) and Coursework or Section Title. Rows 1 and 2.

Coursework Outline: Please attach a detailed coursework outline and presentation timeline. The Administrator shall determine the number of coursework hours and the coursework type (rules/well construction practices or business/safety practices) as set forth in the Water Well Contractor Continuing Education Manual. "Continuing Education Credit or "CEC" means completion of one (1) hour (at least fifty (50) minutes) of approved coursework training or instruction that has been converted to a CEC by the Administrator or the Department. Coursework shall not be less than one (1) CEC.

SECTION III: AUTHORIZATION

I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

Print or type name of applicant Signature of authorized representative Date

For Office Use Only: Business/Safety Practices _____ Rules/Well Construction Practices _____
Date Received: _____ Approval Date: _____ Denial Date: _____
Expiration Date: _____ Reviewed By: _____ Assigned Course Number: _____