

# CE PROVIDER INFORMATION SHEET

FLORIDA DEPARTMENT OF HEALTH • BUREAU OF RADIATION CONTROL

PROVIDER NUMBER 

--	--	--	--	--	--	--

(IF KNOWN)

TELEPHONE 

--	--	--

 - 

--	--	--	--

EXTENSION: \_\_\_\_\_

\_\_\_\_\_  
(PROVIDER)  
\_\_\_\_\_  
(CONTACT)  
\_\_\_\_\_  
(ADDRESS)  
\_\_\_\_\_  
(CITY/STATE/ZIP)

RECEIVED: \_\_\_\_\_

COURSE #: \_\_\_\_\_

HOURS: \_\_\_\_\_

CONTENT/DISPOSITION:

EXPIRES: \_\_\_\_\_

REVIEWER/DATE: \_\_\_\_\_ / \_\_\_\_\_

**THIS FORM MUST BE POSTMARKED NO LATER THAN 30 DAYS PRIOR TO THE INITIAL PRESENTATION DATE.**

E-mail address (optional): \_\_\_\_\_ [Under Florida law e-mails are public record.]

Do you want to be listed on the Department's website as a continuing education (CE) Provider? Yes \_\_\_\_\_ No \_\_\_\_\_

Location of training: \_\_\_\_\_

Date(s) of proposed presentation: \_\_\_\_\_ Time: \_\_\_\_\_

Title of course: \_\_\_\_\_

Number of continuing education credits requested (30 minutes of education = 0.5 hour credit): \_\_\_\_\_

Criteria for satisfactory completion: Attendance (only if live lecture) \_\_\_\_\_ or post-test (attach copy) \_\_\_\_\_

Instructor's name & title: \_\_\_\_\_

Instructor's resume/curriculum vitae attached: Yes \_\_\_\_\_ No \_\_\_\_\_ On file with DOH: \_\_\_\_\_

Course Format: live lecture \_\_\_\_\_ or self-study \_\_\_\_\_ If self-study, give type: Online, DVD/CD, Other \_\_\_\_\_

Is course approved by ASRT or other CE-approving group? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, attach copy of approval.)

**NOTE: If live lecture, attach a detailed course outline and description of course objectives to this form. If self-study, submit a copy of the self-study materials and post-test for review. If online, provide access instructions.**

\_\_\_\_\_  
Signature of Applicant/Provider [print and sign before mailing]

\_\_\_\_\_  
Date

<b>SEND MATERIALS TO:</b>	<b>US Postal Mail Address</b>	<b>or</b>	<b>Overnight Mail Address</b>
	ATTN: CE COORDINATOR DOH RADIATION CONTROL BIN #C21 4052 BALD CYPRESS WAY TALLAHASSEE, FL 32399-1741		ATTN: CE COORDINATOR DOH RADIATION CONTROL ROOM 220.01 4042 BALD CYPRESS WAY TALLAHASSEE, FL 32399