

# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**WILTON SIMPSON  
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
CONTINUING EDUCATION PROVIDER APPROVAL APPLICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.043, Florida Administrative Code

Florida Department of Agriculture and Consumer Services  
**Board of Professional Surveyors and Mappers**  
**Continuing Education Provider Approval Application**

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services at 1-800-HELP-FLA (435-7352) or (850) 410-3800.

In 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 furnished. Please type or print in ink. Applicants are cautioned to read questions thoroughly.

**Provider approval does not constitute automatic course approval.**

**APPLICATION REQUIREMENTS**

- |                             |   |
|-----------------------------|---|
| <b>Provider Application</b> | <input type="checkbox"/> Submit this application along with a non-refundable application fee of \$200, in addition to a \$250 fee for continuing education provider status. Make your \$450 check payable to the Florida Department of Agriculture and Consumer Services (FDACS). |
|                             | <input type="checkbox"/> Complete this application and submit a copy of the proposed course completion certificate.   |
|                             |   |
| <b>Provider Renewal</b>     | <input type="checkbox"/> Submit this application along with your required \$250 fee. Make your check payable to the Florida Department of Agriculture and Consumer Services (FDACS).  |
|                             | <input type="checkbox"/> Complete this application and submit a copy of the proposed course completion certificate.   |

**General Information**

- **SAMPLE CERTIFICATE OF COMPLETION**  
Attach a sample of the certificate of completion for the course or seminar that will be distributed to the licensees. The certificate must contain the provider name and number, course or seminar number, licensee's name, license number and the date(s) of attendance.
  
- **PROVIDER AND COURSE NAME**  
The provider and course name must be used on all correspondence, advertisements, etc. It is the provider's responsibility to resolve any conflicts over reporting problems.
  
- All providers of continuing education must comply with the requirements in Rule 5J-17.044(6), F.A.C., and submit an electronic course roster to the department within 30 business days upon course completion.

**Please send your completed application, documentation and required fee(s) to:**

FDACS  
Surveyors and Mappers  
PO Box 6700  
Tallahassee, FL 32314-6700

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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1-800-HELP-FLA (435-7352) • (850) 410-3800  
www.FDACS.gov • (850) 410-3804 Fax

Submit and Pay Online at:  
www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application  
to:

FDACS  
PO Box 6700  
Tallahassee, FL 32314-6700

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

- Provider Initial Application (\$450 Fee)                       Provider Renewal (\$250 Fee)  
(non-refundable application fee of \$200 and \$250 provider status fee)

**PROVIDER INFORMATION**

Individual / Company Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

\*\* Federal Employer ID Number (FEID) or Social Security Number (SSN): \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Mailing Address (if applicable please include suite and/or unit numbers): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Number(s):  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone    Facsimile    Provider Number (if applicable)

**OWNERSHIP INFORMATION**

Individual / Company Name: \_\_\_\_\_ FEIN or SSN: \_\_\_\_\_

Street Address (if applicable please include suite and/or unit numbers): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Number(s):  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone    Alternate Number

Org Code: 42 10 08 01 000  
EO: A2  
Object Code: 001261                      \$450 / 250

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472.015, Florida Statutes. Social Security numbers are not a public record under Florida law.

**PROVIDER QUALIFICATION**

**Please check all that apply:**

**I am a**

- A surveyor with a Florida license to practice surveying who is not under disciplinary restrictions.
- A vendor of equipment or software used in the practice of surveying and mapping.
- Employed by a regionally accredited educational institution.
- A commercial educator.
- A member of state or national professional association whose primary purpose is to promote the profession.

**COURSE / SEMINAR DESCRIPTION**

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

**NOTE: Attach a copy of the proposed course completion certificate.**

**REQUIRES SIGNATURE OF PROVIDER POINT OF CONTACT**

**I have provided the above information completely and truthfully to the best of my knowledge.**

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