

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

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

Chapter 472, Florida Statutes
Rule 5J-17.047, Florida Administrative Code

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

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services (FDACS) 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

- | | |
|--|--|
| Course Application / Course Renewal | <input type="checkbox"/> Complete this application. |
| | <input type="checkbox"/> Submit a copy of detailed course outline. |
| | <input type="checkbox"/> Submit sample course certificate of completion. |
| Fee | There is no fee to submit this application. |

ATTEST STATEMENT

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

General Information

If you are applying to qualify more than one course, you must fill out a form for each course and provide supporting documentation for each course.

COURSE TITLE

The course title you choose must adequately define the content of the course. You must complete each section of the application.

COURSE SYLLABUS

The course syllabus information filled out on the application must meet the following criteria:

- **Course Description** – The course description must relate to the general business skills or the technical skills required of certificate holders.
- **Course Topics** – The course topics must relate to the course description. The topics should illustrate the specific areas that are going to be covered during the course.
- **Course Objectives** – The course objectives should state what the licensee should be able to demonstrate when the course has been successfully completed. The objectives should clearly describe the intended performance to preclude misinterpretation.
- **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 do not constitute a detailed course outline. The course outline must be attached as an addendum to the application.

ADDITIONAL INFORMATION

Submit a sample continuing education course certificate of completion that complies with Rule 5J-17.044(2), Florida Administrative Code.

Please send your completed application and documentation to:

FDACS
Division of Consumer Services
Surveyors and Mappers
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Please return completed
application to:

FDACS
Division of Consumer Services
Surveyors and Mappers
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

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

APPLICATION TYPE

Course Application / Update

Course Renewal

PROVIDER INFORMATION

Individual / Company Name: _____

Provider Number: _____

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

Provider Number(s):

(_____) _____ - _____
Telephone

(_____) _____ - _____
Facsimile

Point of Contact: _____

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

City: _____

State: _____

Zip Code: _____ - _____

Email Address: _____

Website: _____

* 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.

COURSE OFFERING INFORMATION

Is this a new course? Yes No Course #: _____ Expiration Date: _____

If this is not a new course, has the course changed? No Yes (If yes, please include an outline of the changes on a separate sheet)

Title of Course, Workshop, or Seminar: _____

Number of Classroom Hours: _____

Method of Presentation:

Instructor-Led / Classroom

Correspondence

Online / Internet

COURSE INFORMATION

Does this course meet the CE requirement for Minimum Technical Standards (MTS), Laws and Rules, or combined course?

Yes No

Does this course meet the CE requirements for general?

Yes No

Please attach the following to your application:

- Course description
- Detailed course outline with timeline
- Course objectives
- Sample certificate of completion

**ATTEST STATEMENT
REQUIRES SIGNATURE OF PROVIDER POINT OF CONTACT**

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

Applicant Signature: _____ **Date:** _____