



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

Please mail or email the completed application to: 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](mailto:info@flwwceu.org); Phone: 844-359-9238  
Fax: 850-222-3019

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](http://FLWWCEU.ORG)

## SECTION I: PROVIDER INFORMATION *(Please print or type)*

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Fee?  Yes  No  
Course Level:  New Course  Repeat of Previously Offered Course  Basic  Intermediate  Advanced

## SECTION II: COURSE INFORMATION AND INSTRUCTOR QUALIFICATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Instructor(s) Name <i>(Attach Qualifications/Resume Separately)</i>	Course or Section Title
_____	_____

**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: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_