

State of Florida
Department of Business and Professional Regulation
Regulatory Council of Community Association Managers
Application for Pre-Licensure Provider Approval
Form # DBPR CAM 9

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Pre-Licensure Provider Approval	<input type="checkbox"/> Pay \$250 application fee (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Submit instructor resumes showing qualifications and instructional experience. <input type="checkbox"/> Submit a sample certificate of completion for the course. <input type="checkbox"/> Submit course outline/syllabus consistent with the education requirements set forth in Rules 61E14-1.001(2) and 61E14-4.003(1)(b) Florida Administrative Code.

Please mail your completed application, documentation to:
 Department of Business and Professional Regulation
 1940 North Monroe Street
 Tallahassee, FL 32399-1046

GENERAL INFORMATION FOR PRE-LICENSURE EDUCATION PROVIDER APPROVAL

- Record Keeping:**
 1. Course records and attendance rosters must be maintained by the provider for a minimum of four (4) years per department rule.
 2. Each course participant must also maintain his or her Certificate of Course Completion for three (3) years from the date received.
 3. Attendance records and course completion information for all course participants must be provided to the Department in a specified format acceptable to the Department and within an agreed upon timeframe. These records must be made available to the Department upon request.
- Sales Presentations and Advertising:**
 1. No sales presentations may be conducted during, immediately before, or after the administrations of any approved courses.
 2. No course may be advertised or offered as an approved continuing education course unless it has been approved pursuant to Rule 61E14-4.003, Florida Administrative Code.
 3. Advertising for an approved course must include the provider approval number, course approval number, number of contact hours, and course subject area as referenced in Rule 61E14-1.001(2), Florida Administrative Code.
- Reapplication is required if substantive changes are made to the course.**
- Certificate of Course Completion:**
 1. Attach a copy of the Certificate of Course Completion that will be awarded to the course participant upon completion of the course. Pre-licensure education requirements consist of completing a minimum of 18 hours of instruction within 12 months prior to the date of passing the examination.
 2. Certificates of Course Completion are awarded upon the successful completion of an approved continuing education course. Pursuant to Rule 61E14-4.003(2), Florida Administrative Code, these certificates must contain the following information:
 - a. Course participant's name
 - b. Course title
 - c. Course approval number
 - d. Date completed
 - e. Number of credit hours
 - f. Statement to participant as required in Rule 61E14-4.003(2), Florida Administrative Code

□ COURSE OUTLINE

In accordance with Rule 61E14-4.003(1)(b), Florida Administrative Code, a course outline which describes the course's content and subject matter should accompany the provider application. A course outline should address the following:

Learner Objectives:

1. Objectives shall describe expected learner outcomes, how learner outcomes will be evaluated, and describe how the objectives will be obtained.
2. The objectives shall describe the content, teaching methodology and plan for evaluation.

Subject Matter:

1. The content shall be specifically designed to meet the objectives and the stated level and learning needs of community association managers. Specifically, it shall address one or more of the subject areas outlined in subsection 61E14-1.001(2), Florida Administrative Code.

Materials and Methods:

1. Indicate how the course will be taught in order to achieve the learner objective. (Classroom, distance/online or correspondence.)
2. Specify the time schedule for the course to ensure adequate time for the activities and level of presentation.
3. Demonstrate that principles of adult education are utilized in determining teaching strategies and learning activities.
4. List source material by name, date and format to ensure currency and applicability.

Course Evaluation:

1. Indicate how the course will be evaluated for meeting the learner's needs (i.e. question and answer session, class discussion, written examination).
2. Indicate how the course will be evaluated by the learner in relation to the course material, learning experiences, instructional methods, facilities, and resources used.

□ COURSE INSTRUCTORS

Applicants must submit the resume of each instructor who will be presenting courses during the period of providership. At a minimum the resume should include the instructor's qualifications and instructional experience consisting of at least:

1. A bachelor's degree and two (2) years of experience in the subject matter being taught; or
2. An associate's degree and four (4) years of experience in the subject matter being taught; or
3. Six (6) years of experience in the subject matter being taught.

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1) General Requirements

- a) To maintain Provider status in good standing, providers must adhere to all provider requirements outlined in [Rule 61E14-4.002, Florida Administrative Code](#); and [Section 455.2178, Florida Statutes](#).
- b) Provider approval is valid until May 31st of odd numbered years and must be renewed.

2) Application Instructions (by section)

- a) **Section I- Application Type**
- b) **Section II – Applicant Information**
 - i. Fill out each section completely.
 - ii. In the "Applicant Information" section, applicants must use their name as it appears on his or her social security card. Do not use any nicknames or initials.
 - iii. If applying as an Organization or Company, provide the name of the company or organization that will provide educational services.
 - iv. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
 - v. If you are applying as an Organization or Company you must provide the Federal Employer Identification Number (FEID) for the business.

- vi. If the applicant provides other educational services for another board within the Department of Business and Professional Regulation, please provide those provider approval numbers.
 - vii. Provide your mailing address. This will be used for sending correspondence regarding your application.
 - viii. Applicants must provide their business location address.
 - ix. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
 - x. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- c) **Section III- Affirmation by Written Declaration**
- i. Each applicant must sign the affirmation by written declaration.

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For additional information see the Instructions at the beginning of this application.

Section I – Application Type

APPLICATION TYPE
<input type="checkbox"/> Pre-Licensure Provider- Organization [3803/1030]

Section II – Applicant Information

APPLICANT INFORMATION <i>(Provider/Owner)</i>				
Last/Surname	First	Middle	Suffix	
Company/Organization Name				
Social Security Number (if applying as an Individual)*				
Federal Employer ID Number (if applying as an Organization)				
GENERAL IDENTIFICATION				
Is Provider already approved by the Department of Business and Professional Regulation to provide continuing education? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is/are the provider approval number?				
MAILING ADDRESS				
Company Name				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			
BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			
CONTACT INFORMATION				
Last Name (Authorized Representative) First		Middle	Title	Suffix
Primary Phone Number	Primary E-Mail Address			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	