

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
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

- | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider Application | <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. |
| | |
| Provider Renewal | <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 *Calling Outside Florida*
www.FreshFromFlorida.com • (850) 410-3804 *Fax*

Submit and Pay Online at:
www.FreshFromFlorida.com

- 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: _____