

DBPR CPA 5013-1 Request for Course Evaluation

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399 – 0783**

**NOTE – This form must be submitted as
part of an entire application packet.**

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.

REQUESTOR INFORMATION (EITHER INDIVIDUAL OR ORGANIZATION)				
Last Name	First	Middle	Title	Suffix
Organization Name			Sponsor Number	
BUSINESS MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
PHYSICAL BUSINESS ADDRESS				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)				
Alternate Phone Number		Fax Number		
Alternate E-Mail Address				

COURSE INFORMATION	
<input type="checkbox"/> Probationary Provider <input type="checkbox"/> Continuing Provider	
Course Type: <input type="checkbox"/> Accounting & Auditing <input type="checkbox"/> Technical Business <input type="checkbox"/> Behavioral	
Course Title	
Course Number	Credit Hours

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

Submitted by (signature): _____ Date: _____