

# DBPR CPA 5016-1- Continuing Education Provider and Course Approval Application

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.*

CHECK TRANSACTION REQUESTED
<b>Transaction Type:</b> <input type="checkbox"/> Initial Ethics Provider and Course Approval <input type="checkbox"/> Additional Ethics Course Approval

PROVIDER INFORMATION
Individual/Company Name:
DBPR Ethics Provider Number: (If applicable)

PROVIDER STATUS
<input type="checkbox"/> Regionally Accredited Educational Institution <input type="checkbox"/> Commercial Educator <input type="checkbox"/> Governmental Agency <input type="checkbox"/> State or National Certified Public Accounting Professional Association <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Certified Public Accounting Firm

PROVIDER AND COURSE INFORMATION
<b>The applicant must submit the following:</b> <ul style="list-style-type: none"><li>• Description of the Ethics Course</li><li>• Description of the Staffing Capability</li><li>• Anticipated locations the course will be provided</li><li>• Course Curriculum</li><li>• Sample of intended course materials</li><li>• Description of how the applicant will update the course when Statute and Rule changes occur</li></ul>

COURSE OFFERING
<input type="checkbox"/> Live Study <input type="checkbox"/> Correspondence/Self Study – QAS Sponsor Number: _____

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have read the Florida Statutes and Florida Administrative Code sections that govern the requirements for Certified Public Accounting providers and course content, and pledge to comply with the applicable standards.

I understand that the Florida Board of Accountancy (Board) reserves the right to revoke the approved status of the ethics course provider or reject individual ethics courses given by an ethics course provider if the provider disseminated any false or misleading information in connection with the continuing education programs, or if the provider fails to conform to and abide by the rules of the Board.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_