

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Accountancy**  
**Continuing Education Provider and Ethics Course Approval Application**  
**Form # DBPR CPA 10**

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

**APPLICATION REQUIREMENTS**

- Continuing Education Ethics Provider – Individual or Organization (No Fee)
- Continuing Education Ethics Provider Renewal (No fee)
- Continuing Education Ethics Course - New **\$250.00 fee**
- Continuing Education Ethics Course - Renewal **\$250.00 fee**

Make check payable to the Florida Department of Business and Professional Regulation.

**Please mail your completed application, documentation and required fee(s) to:**

Department of Business and Professional Regulation  
 2601 Blair Stone Rd  
 Tallahassee, FL 32399

**Continuing Education Ethics Provider Requirements:**

**Provider Status:** A continuing education ethics provider must be a:

- Regionally Accredited Educational Institution;
- Commercial Educator;
- Governmental Agency;
- State or National Certified Public Accounting Professional Association;
- Certified Public Accountant who has not been disciplined by the Board; OR
- Certified Public Accounting Firm.

• **Submit the following Additional Materials:**

- A description of the ethics course;
- A description of staffing capabilities;
- All course materials, to include your exam and answer key;
- A list of anticipated locations and dates you plan to conduct the courses;
- A complete course curriculum (table of contents);
- A description of how the applicant will update the course in response to rule or law changes;
- Documentation that ethics course instructors will notify the ethics course provider of any disciplinary action taken against the instructor by the Board.

**Provider approval** is valid for the biennium during which their application was received and approved. Providers must reapply for approved provider status at the beginning of each biennium. The biennium for continuing education ethics providers ends on June 30<sup>th</sup> of each odd-numbered year.

For more information regarding the requirements necessary for CPA Continuing Education Ethics Providers and Courses please refer to Chapter 61H1-33 of the Florida Administrative Code at

<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=61H1-33>

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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**.  
**For additional information see the Instructions at the end of this application.**

**Section I – Transaction Type**

TRANSACTION TYPES
<p><b>Select all that apply:</b></p> <p><input type="checkbox"/> 1. Continuing Education Ethics Provider – Individual or Organization [0106/1030] no fee</p> <p><input type="checkbox"/> 2. Continuing Education Ethics Provider Renewal [0106/2020] no fee</p> <p><input type="checkbox"/> 3. Continuing Education Ethics Course – New [0107/1030] \$250.00 fee</p> <p><input type="checkbox"/> 4. Continuing Education Ethics Course – Renewal [0107/2020] \$250.00 fee</p>

**Section II – Applicant Information**

APPLICANT INFORMATION			
Current Provider Number (If Applicable):			
Last/Surname	First	Middle	Suffix
Company/Organization Name			
Social Security Number (if applying as an individual)			
Federal Employer ID Number (if applying as a company/organization)			
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	
Authorized Representative (First, Last, and Title)			
PHYSICAL ADDRESS			
Street Address			
City		State	Zip Code (+ 4 Optional)
County		Country	
MAILING ADDRESS			
Street Address			
City		State	Zip Code (+ 4 Optional)
County		Country	

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\* 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 – Provider Eligibility Status**

<b>PROVIDER ELIGIBILITY STATUS</b>	
<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      License Number: _____
<input type="checkbox"/>	Certified Public Accounting Firm      License Number: _____

**Section IV – Additional Materials**

<b>Applicants must submit the following additional materials:</b>	
<input type="checkbox"/>	A description of the ethics course
<input type="checkbox"/>	A description of your staffing capabilities
<input type="checkbox"/>	All course materials, to include your final exam and answer key
<input type="checkbox"/>	A list of anticipated locations and dates you plan to conduct the courses
<input type="checkbox"/>	A complete course curriculum (table of contents)
<input type="checkbox"/>	A description of how the applicant will update the course in response to rule or law changes
<input type="checkbox"/>	Documentation that ethics course instructors will notify the ethics course provider of any disciplinary action taken against the instructor by the Board

**Section V – Course Name**

<b>Course Name (if applicable)</b>	
<input type="checkbox"/>	Course Name: _____
<input type="checkbox"/>	Contact Hours: _____

**Section VI – Affirmation by Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
<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. <b>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.</b></p>	
Signature: _____	Date: _____
Print Name: _____	

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**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 and Course status in good standing, providers must adhere to all of the provider requirements outlined in s. [455.2178](#), F.S., and [Chapter 61H1-33](#), F.A.C.
- b. Provider and Course approval is valid for the biennium during which their application was received and approved. The biennium for continuing education ethics providers and approved courses ends on June 30<sup>th</sup> of each odd-numbered year. For instance, if your provider status or course is approved on January 1<sup>st</sup> of 2017, it will expire on June 30<sup>th</sup> of 2017; if it was approved on July 1<sup>st</sup> of 2017, it will be good through June 30<sup>th</sup> of 2019.

**2. Application Instructions (by section)**

**a. Section I – Application Types (Select all that apply)**

- i. If you are not a current provider, check boxes 1 and 3.
- ii. If you are a current provider, and you are looking to add an additional course, check box 3
- iii. If you are a current provider, and you are looking to renew your approved course, check boxes 2 and 4. Note: You will have to submit a separate application for each course that you would like to renew.
- iv. Include your payment of \$250.00 made payable to the Florida Department of Business and Regulation with your application.

**b. Section II – Applicant Information**

- i. If you are a current provider, list your provider number in the first box.
- ii. If you are an individual CPA seeking to be an approved provider, please enter your full legal name in the space provided. Please do not include any nicknames or initials.
- iii. Companies and Organizations seeking provider status must enter their full legal name.
- iv. If you are an individual CPA seeking to be an approved provider, please enter your social security number in the space provided. Companies and Organizations must enter their Federal Employer Identification Number in the space provided.
- v. Enter your primary telephone number, email address, and authorized representative in the spaces provided under the heading “Contact Information”.
- vi. Enter your street address, city, state, zip code, county, and country information in the spaces provided under the heading “Physical Address”.
- vii. If your mailing address is different than your physical address, enter this information in the spaces provided under the heading “Mailing Address” . If your mailing address is the same as your physical address, write, “Same as above” into the space provided for the street address.

**c. Section III – Provider Eligibility Status**

- i. Select the option that best describes either you or your organization. If you are applying as a Certified Public Accountant or Certified Public Accounting Firm, enter your license number in the space provided.

**d. Section IV – Additional Materials**

- i. This section is designed to work as a checklist. Please include the following with your application:
  1. A one-paragraph description of the ethics course
  2. A one-paragraph description of your staffing capabilities
  3. All course materials, to include your final exam and answer key
  4. A list of locations and dates you plan to conduct the course
  5. A complete course curriculum (table of contents)
  6. A one-paragraph description of how you will update the course in response to rule and law changes
  7. Documentation that ethics course instructors will notify the ethics course provider of any disciplinary action taken against the instructor by the Board

**e. Section V – Course Name**

- i. Enter the name of your course in the space provided
- ii. Enter your contact hours. One contact hour is equal to 50 minutes.

**f. Section VI – Affirmation by Written Statement**

- i. Each applicant or authorized representative must sign and date the affirmation by written declaration.