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 30th 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
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**

<table>
<thead>
<tr>
<th>TRANSACTION TYPES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select all that apply:</td>
</tr>
<tr>
<td>☐ 1. Continuing Education Ethics Provider – Individual or Organization [0106/1030] no fee</td>
</tr>
<tr>
<td>☐ 2. Continuing Education Ethics Provider Renewal [0106/2020] no fee</td>
</tr>
<tr>
<td>☐ 3. Continuing Education Ethics Course – New [0107/1030] $250.00 fee</td>
</tr>
<tr>
<td>☐ 4. Continuing Education Ethics Course – Renewal [0107/2020] $250.00 fee</td>
</tr>
</tbody>
</table>

**Section II – Applicant Information**

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>Current Provider Number (If Applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last/Surname</td>
</tr>
</tbody>
</table>

| Company/Organization Name |

| Social Security Number (if applying as an individual) |

| Federal Employer ID Number (if applying as a company/organization) |

**CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Primary Phone Number</th>
<th>Primary E-Mail Address</th>
</tr>
</thead>
</table>

| Authorized Representative (First, Last, and Title) |

**PHYSICAL ADDRESS**

| Street Address |

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code (+ 4 Optional)</th>
</tr>
</thead>
</table>

| County |

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
</tr>
</thead>
</table>

| Street Address |

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code (+ 4 Optional)</th>
</tr>
</thead>
</table>

| County |

For additional information see the instructions at the end of this application.
Section III – Provider Eligibility Status

<table>
<thead>
<tr>
<th>PROVIDER ELIGIBILITY STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>❏ Regionally Accredited Educational Institution</td>
</tr>
<tr>
<td>❏ Commercial Educator</td>
</tr>
<tr>
<td>❏ Governmental Agency</td>
</tr>
<tr>
<td>❏ State or national Certified Public Accounting Professional Association</td>
</tr>
<tr>
<td>❏ Certified Public Accountant License Number: ____________________________</td>
</tr>
<tr>
<td>❏ Certified Public Accounting Firm License Number: ____________________________</td>
</tr>
</tbody>
</table>

Section IV – Additional Materials

Applicants must submit the following additional materials:

- A description of the ethics course
- A description of your staffing capabilities
- All course materials, to include your final 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

Section V – Course Name

Course Name (if applicable)

- Course Name: ____________________________________________________________
- Contact Hours: __________________________________________________________

Section VI – Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION

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.**

Signature: ____________________________ Date: ____________________________

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

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 30th of each odd-numbered year. For instance, if your provider status or course is approved on January 1st of 2017, it will expire on June 30th of 2017; if it was approved on July 1st of 2017, it will be good through June 30th 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.