

**State of Florida**  
**Department of Business and Professional Regulation**  
**Building Code Administrators and Inspectors Board**  
**Application for Education Course Approval/Renewal and Provider**  
**Form # DBPR BCAIB 5**

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

| APPLICATION   | APPLICATION REQUIREMENTS   |
|---|--|
| <b>Education Provider</b>                               | <input type="checkbox"/> Complete Sections I, II and IV.<br><input type="checkbox"/> For provider approval submit a fee in the amount of \$100. Make check payable to the Department of Business and Professional Regulation. Government agencies providing continuing education shall pay no fee for course or provider approval.   |
| <b>Continuing Education Course-Initial and Renewal</b>  | <input type="checkbox"/> Complete <b>all sections of the application.</b><br><input type="checkbox"/> For course approval submit a fee in the amount of \$25 per every 4 (four) classroom hours, no more than \$200. Make check payable to the Department of Business and Professional Regulation. Government agencies providing continuing education shall pay no fee for course or provider approval.<br><input type="checkbox"/> Submit a sample certificate of completion for the course.<br><input type="checkbox"/> Provide a resume for each instructor.<br><input type="checkbox"/> Submit course outline/syllabus. Please see Instructions for more details.<br><input type="checkbox"/> <b>Record Keeping:</b> Attendance records must be maintained for a minimum of 4 (four) years. Attendance records and course completion information for all course participants must be provided to the Department in a specified format acceptable to the Department and within an agreed upon timeframe. These records must be made available to the Department upon request. |
| <b>Cross-Training Program – Initial and Renewal</b>     | <input type="checkbox"/> Complete <b>all sections of the application.</b><br><input type="checkbox"/> For cross-training program approval submit a fee in the amount of \$25 per every 100 program hours, no more than \$100. Make check payable to the Department of Business and Professional Regulation.<br><input type="checkbox"/> Submit course outline/syllabus. Please see Instructions for more details.<br><input type="checkbox"/> Provide a resume for each instructor.<br><input type="checkbox"/> <b>Record Keeping:</b> Program sponsors must maintain all cross-training program records for a period of 5 (five) years from the date the program was offered and make such records available to the Department upon request.  |
| <b>Training Program – Initial and Renewal</b>           | <input type="checkbox"/> Complete <b>all sections of the application.</b><br><input type="checkbox"/> For training program approval submit a fee in the amount of \$25 per every 100 program hours, no more than \$100. Make check payable to the Department of Business and Professional Regulation.<br><input type="checkbox"/> Submit course outline/syllabus. Please see Instructions for more details.<br><input type="checkbox"/> Provide a resume for each instructor.<br><input type="checkbox"/> <b>Record Keeping:</b> Program sponsors must maintain all training program records for a period of 5 (five) years from the date the program was offered and make sure records available to the Department upon request.  |
| <b>Internship 40-Hour Code Training Course Provider</b> | <input type="checkbox"/> Complete Sections I, II and IV.<br><input type="checkbox"/> There is no fee if the provider is registered with the Board to provide continuing education courses; all others must submit a fee in the amount of \$100. Make check payable to the Department of Business and Professional Regulation. Government agencies providing the 40-hour code-training course shall pay no fee for course or provider registration.   |

**Internship 40-Hour Code  
Training Course – Initial  
and Renewal**

- Complete **all sections of the application.**
- For course approval submit a fee in the amount of \$25 per every 100 program hours, no more than \$100. Make check payable to the Department of Business and Professional Regulation. Government agencies providing training programs shall pay no fee for course or provider registration.
- Submit a sample certificate of completion for the course.
- Submit course outline/syllabus. Please see Instructions for more details.
- Provide a resume for each instructor.
- Record Keeping: Course providers must maintain all training program records for a period of 7 (seven) years from the date the program was offered and make such records available to the Department upon request.

**Please mail your completed application, documentation to:**

Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, FL 32399-0780

**State of Florida**  
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**Application for Education Course Approval/Renewal and Provider**  
**Form # DBPR BCAIB 5**

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 – Application Type**

| CHECK APPLICATION TYPES (Check all that apply.)  |  |
|--|--|
| <input type="checkbox"/> Education Course Provider [5026/1030]<br><input type="checkbox"/> Continuing Education Course – Initial [5027/1030]<br><input type="checkbox"/> Continuing Education Course – Renewal [5027/2020]<br><input type="checkbox"/> Cross-Training Program – Initial [5027/1030]<br><input type="checkbox"/> Cross-Training Program – Renewal [5027/2020]<br><input type="checkbox"/> Training Program – Initial [5027/1030]<br><input type="checkbox"/> Training Program – Renewal [5027/2020] | <input type="checkbox"/> Laws, Rules and Ethics Course Approval – Initial [5031/1030]<br><input type="checkbox"/> Laws, Rules and Ethics Course Renewal [5031/2020]<br><input type="checkbox"/> Laws, Rules and Ethics Provider [5030/1030]<br><input type="checkbox"/> 40-Hour Code Training Course Approval – Initial [5031/1030]<br><input type="checkbox"/> 40-Hour Code Training Course Renewal [5031/2020]<br><input type="checkbox"/> 40-Hour Code Training Course Provider [5030/1030] |

**Section II – Applicant Information - Provider**

| PROVIDER INFORMATION   |       |                        |                        |
|--|-------|------------------------|------------------------|
| Last/Surname (Provider)  | First | Middle                 | Suffix                 |
| Company/Organization Name  |       |                        |                        |
| Social Security Number (if applying as an Individual)*   |       |                        |                        |
| Federal Employer ID Number (if applying as an Organization)  |       |                        |                        |
| Is Provider approved by any other board within the Department of Business and Professional Regulation to provide continuing education?<br><input type="checkbox"/> Yes. The provider approval number is: _____<br><input type="checkbox"/> No. |       |                        |                        |
| MAILING ADDRESS  |       |                        |                        |
| Street Address or P.O. Box   |       |                        |                        |
| City   |       | State                  | Zip Code (+4 optional) |
| County (if Florida address)  |       | Country                |                        |
| Primary Phone Number   |       | Primary E-Mail Address |                        |
| ENTITIES WITH OWNERSHIP INTEREST IN PROVIDER<br>(persons/businesses/companies who are entitled to receive revenue from the course provider)  |       |                        |                        |
| Individual/Company Name:   |       |                        |                        |
| Address:   |       |                        |                        |
| City:  |       | State                  | Zip Code               |
| County (if Florida address)  |       | Country                |                        |
| Federal Tax ID or Social Security Number:  |       | Phone Number:          |                        |

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.



**Section III – Course Information**

| PROVIDER INFORMATION   |  |   |   |
|--|--|---|---|
| Last/Surname (Provider)  | First  | Middle  | Suffix                                      |
| Company/Organization Name  |  |   |   |
| Provider Approval Number   |  | Course Approval Number (If renewal)   |   |
| COURSE APPROVAL  |  |   |   |
| Course Title: <input type="checkbox"/> New <input type="checkbox"/> Reapplication <input type="checkbox"/> University or College approved by USDOE   |  |   |   |
| Location of Course:  |  | Category (if requesting continuing education credit):<br><input type="checkbox"/> AOA <input type="checkbox"/> L&R <input type="checkbox"/> ETHICS <input type="checkbox"/> GEN <input type="checkbox"/> ENERGY |   |
| Hours of Credit Requested: _____ (Note: One (1) CE hour = fifty (50) minutes of instruction; <u>fifty (50) minutes</u> for non-classroom interactive distance learning)  |  |   |   |
| Methods of Instruction (check <b>only one method</b> )   |  |   |   |
| <input type="checkbox"/> Live <u>Class Room</u>  | <input type="checkbox"/> Home Study, Video,<br>Interactive Distance Learning<br>course |   | <input type="checkbox"/> Webinar            |
| TARGET AUDIENCE  |  |   |   |
| <b>Inspector:</b>  |  |   |   |
| <input type="checkbox"/> Building  | <input type="checkbox"/> Coastal Construction  | <input type="checkbox"/> Commercial Electrical  | <input type="checkbox"/> <b>Residential</b> |
| <input type="checkbox"/> Mechanical  | <input type="checkbox"/> Plumbing  | <input type="checkbox"/> Residential Electrical   |   |
| <b>Building Code Administrator:</b>  |  |   |   |
| <input type="checkbox"/> Building Code Administrator   |  |   |   |
| <b>Plans Examiner:</b>   |  |   |   |
| <input type="checkbox"/> Building  | <input type="checkbox"/> Electrical  | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Mechanical         |
| INSTRUCTORS  |  |   |   |
| Qualifications of Course Instructors: Instructors assigned to teach the course must meet one of the following criteria:  |  |   |   |
| <ol style="list-style-type: none"> <li>1. A building code administrator, plans examiner or inspector may teach a course within the scope of his/her license.</li> <li>2. A four-year college degree or graduate degree in their area of study.</li> <li>3. A state certified contractor with at least five (5) years experience in their technical area of licensure.</li> <li>4. A substantially qualified authority may teach courses within area of expertise.</li> </ol> |  |   |   |
| * Provide a resume for each instructor   |  |   |   |
| Name of Instructor:  |  | Method of Qualification:  |   |
| Name of Instructor:  |  | Method of Qualification:  |   |
| Name of Instructor:  |  | Method of Qualification:  |   |

**Section IV – Affirmation By Written Declaration**

| AFFIRMATION BY WRITTEN DECLARATION   |       |
|--|-------|
| <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:  |       |

## 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

#### For Continuing Education Courses:

- a. A course outline/syllabus must be included with your application. It must include:
  - i. Course title: List the course title as it will appear on all advertisements
  - ii. Course time table: Outline the approximate schedule for the course including breaks; each course offering must specify the total number of classroom hours and non-classroom hours required for continuing education credit (**Note: One CE hour = 50 minutes of instruction; 50 minutes for non-classroom interactive distance learning**)
  - iii. Course description
  - iv. Target audience (example: building inspector, building code administrator, mechanical plans examiner)
  - v. Course objectives or goals: The overall goal of the course must relate to the improvement in the quality of the building code administrator's, inspector's, or plans examiner's performance in the construction, engineering, architecture, interior design, or electrical contracting industry; the specific behavioral objectives should state what the building code administrator, inspector, or plans examiner should be able to demonstrate when he/she successfully completes the course; it should describe the intended performance clearly enough to preclude misinterpretation
  - vi. Method of evaluation of course participants: The evaluation must describe the technique that will be used to measure the course participant's achievements; and
  - vii. Outline of the course: A detailed course outline including the order in which the course subject matter will be presented to the course participants and the estimated amount of time to be spent presenting the subject.
- b. Providers must use the prefixes to designate the number of approved hours in all categories: "AOA" for accessibility, "L&R" for laws and rules, "ETHICS" for ethics, "ENERGY" for energy conservation and "GEN" for all others. **These designations must be used on all course brochures, advertisements, and course completion certificates.**
- c. Providers shall comply with Section 455.2178, Florida Statutes, with regard to electronic filing of attendance rosters to the Department.
- d. **Record Keeping: Course sponsors shall maintain the required records for each course at least four (4) years following the date the course is completed.**

#### For Cross-Training and Training Programs:

- a. A program syllabus must be included with your application. The program syllabus must include:
  - i. The name of the program;
  - ii. The course number assigned by the Department;
  - iii. The name and address of the program provider;
  - iv. The classroom/OJT schedule or timetable;
  - v. Achievement benchmarks, and
  - vi. Qualifications of OJT trainers and classroom instructors.
- b. A topical outline of the classroom portion of the training, and a topical outline of the OJT portion of the program should be submitted with the application.
- c. Applicant should describe the method of evaluating the program participant's achievement (e.g., quizzes, exams, etc.).
- d. Applicant should indicate how the program content will be presented (e.g., lecture, discussion, multimedia presentations, etc.).
- e. **Record Keeping** - Course sponsors must maintain all training program records for a period of 5 years from the date the program was offered and make such records available to the Department upon request.
- f. **Cross-training providers:** You must maintain verification records of an applicant's experience for admission into the cross-training program for a period of at least ten years.

**For Internship 40-Hour Code-Training Courses: (only applicable for building, mechanical, plumbing and electrical inspectors and building, mechanical, plumbing and electrical plans examiners)**

- a. A program syllabus must be included with your application. The program syllabus must include:
  - i. The name of the program;
  - ii. The course number assigned by the Department;
  - v. The name and address of the program provider;
  - vi. The classroom timetable;
  - v. Achievement benchmarks, and
  - vi. Qualifications of classroom instructors.
- b. A topical outline of the course should be submitted with the application.
- c. Submit a sample certificate of completion for the course.
- d. Applicant should describe the method of evaluating the program participant's achievement (e.g., quizzes, exams, etc.).
- e. Applicant should indicate how the program content will be presented (e.g., lecture, discussion, multimedia presentations, etc.).
- f. **Record Keeping** - Course sponsors must maintain all training program records for a period of 5 (five) years from the date the program was offered and make such records available to the Department upon request.

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

- a. **Section I – Application type**
  - i. Please select application type.
- b. **Section II – Applicant Information – Provider**
  - i. Fill out each section completely. A Social Security number is required in order to apply for any individual license or a Federal Employer ID number for any organization within the Department of Business and Professional Regulation.
  - ii. If applicable, be sure to include your provider approval number.
  - iii. Provide your mailing address, telephone number and e-mail address. This will be used for sending correspondence to you.
  - iv. If applicable, include provider ownership interest information.
- c. **Section III– Course/Program Information**
  - i. Fill out each section completely.
  - ii. If applicable, be sure to include your provider approval number and the course approval number.
  - iii. Indicate which licensees will be your target audience.
  - iv. Be sure to list all course/program instructors, their method of qualification and provide a resume.
- d. **Section IV – Affirmation By Written Declaration**
  - i. Applicant must sign the affirmation by written declaration.

**3. Required Fees**

- a. **Provider** - There is no fee if the provider is registered with the Board to provide continuing education courses; all others must submit a fee in the amount of \$100. Make check payable to the Department of Business and Professional Regulation. Government agencies providing continuing education shall pay no fee for course or provider approval. **Internship certification program providers which are government agencies shall pay no fee for provider or program approval.**
- b. **Course** - For continuing education course approval submit a fee in the amount of \$25 per every 4 (four) classroom hours, no more than \$200. For cross-training and training program approval submit a fee in the amount of \$25 per every 100 program hours, no more than \$100. Make check payable to the Department of Business and Professional Regulation. Government agencies providing continuing education shall pay no fee for course or provider approval. **Internship certification program providers which are government agencies shall pay no fee for provider or program approval.**