

**State of Florida**  
**Department of Business and Professional Regulation**  
**Building Code Administrators and Inspectors Board**  
**Application for Internship Certification Training Program Approval/Renewal and Provider**  
**Form # DBPR BCAIB 7**

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

APPLICATION	APPLICATION REQUIREMENTS
<ul style="list-style-type: none"> <li>• <b>Internship Certification Training Program</b></li> <li>• <b>Internship Certification Provider – Initial</b></li> <li>• <b>Internship Certification Provider – Renewal</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Submit program outline/syllabus. Please see Instructions for more details.</li> <li><input type="checkbox"/> Submit a sample tracking form for OJT.</li> <li><input type="checkbox"/> Submit a sample program completion certificate.</li> <li><input type="checkbox"/> <b>Record Keeping:</b> Program sponsors must maintain all program records for a period of 7 (seven) years from the date the program was completed. Ensure that records are available to the Department upon request.</li> </ul>

**Please mail your completed application, documentation and required fee(s) to:**  
 Department of Business and Professional Regulation  
 2601 Blair Stone Road  
 Tallahassee, FL 32399-0780

**State of Florida**  
**Department of Business and Professional Regulation**  
**Building Code Administrators and Inspectors Board**  
**Application for Internship Certification Training Program Approval/Renewal and Provider**  
**Form # DBPR BCAIB 7**

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"/> Internship Certification Program Provider – Initial <b>[5026/1030]</b> <input type="checkbox"/> Internship Certification Program Provider – Renewal <b>[5026/2020]</b>	<input type="checkbox"/> Internship Certification Program – Initial <b>[5027/1030]</b> <input type="checkbox"/> Internship Certification Program – Renewal <b>[5027/2020]</b>

**Section II – Internship Certification Program Provider Information**

INTERNSHIP CERTIFICATION PROGRAM PROVIDER INFORMATION			
Primary Contact (Building Official)	First	Middle	Suffix
Government/Organization Name			
Provider Approval Number		Program Approval Number (If renewal)	
Location of Program:			
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	
PROGRAM TARGET AUDIENCE			
<b>Inspector:</b>			
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical
<b>Plans Examiner:</b>			
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical
PROGRAM INSTRUCTORS			
Qualifications of program instructors: Instructors assigned to teach the program must meet the following criteria:			
•The building official, a plans examiner or an inspector may provide OJT within the scope of his/her standard certification in the same category/level as the internship certification program.			

**Section III – 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. <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>	
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 Internship Certification Training Programs:

- a. A program syllabus must be included with your application. The program syllabus must include:
  - i. The name of the jurisdiction and the building official;
  - ii. The program number assigned by the Department;
  - iii. The name and address of the program provider;
  - iv. The schedule or timetable for field/office/OJT of areas of learning with every ¼ hour of training being rounded to the nearest ¼ hour; and
  - v. Achievement benchmarks.
- b. Provide a sample tracking form for on-the-job training (OJT).
- c. Provide a sample program completion certificate.
- d. Applicant should describe the method of evaluating the program participant's achievement (e.g., quizzes, exams, etc.).
- e. **Record Keeping** - Program sponsors must maintain all internship certification program records for a period of 7 (seven) years from the date the program was completed, and ensure that such records are available to the Department upon request.

### 2. Application Instructions (by section)

- a. **Section I – Application type**
  - i. Please select application type.
- b. **Section II – Internship Certification Program Provider Information**
  - i. Fill out each section completely.
  - ii. Provide a primary point of contact.
  - iii. If applicable, be sure to include your provider approval number.
  - iv. Provide the location of program (building department) that will offer the internship certification program.
  - v. Provide your mailing address, telephone number and e-mail address. This will be used for sending correspondence to you.
- c. **Section III – Affirmation By Written Declaration**
  - i. The Building Official of the Jurisdiction must sign the affirmation by written declaration.

### 3. Required Fees

**Provider** - Internship certification program providers which are government agencies shall pay no fee for provider or program approval.