

State of Florida
Department of Business and Professional Regulation
Regulatory Council of Community Association Managers
Application for Continuing Education Course Approval or Renewal
Form # DBPR CAM 7

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

APPLICATION	APPLICATION REQUIREMENTS
Continuing Education Course Approval/Renewal	<input type="checkbox"/> No fee is required. <input type="checkbox"/> Submit a sample certificate of completion for the course. <input type="checkbox"/> Submit course outline/syllabus consistent with the education requirements set forth in Rules 61E14-4.001(3) and 61E14-4.003(1)(b) Florida Administrative Code. <input type="checkbox"/> Submit instructor resumes showing qualifications and instructional experience.

Please mail your completed application, documentation to:

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

GENERAL INFORMATION FOR CONTINUING EDUCATION COURSE APPROVAL

Record Keeping:

1. Course records and attendance rosters must be maintained by the provider for a minimum of four (4) years per department rule.
2. Each course participant must also maintain his or her Certificate of Course Completion for three (3) years from the date received.
3. 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.

Sales Presentations and Advertising:

1. No sales presentations may be conducted during immediately before or after the administrations of any approved courses.
2. No course may be advertised or offered as an approved continuing education course unless it has been approved pursuant to Rule 61E14-4.003, Florida Administrative Code.
3. Advertising for an approved course must include the provider approval number, course approval number, number of contact hours, and course subject area as referenced in Rule 61E14-4.001(3), Florida Administrative Code.

Reapplication is required if substantive changes are made to the course.

Certificate of Course Completion:

1. Attach a copy of the Certificate of Course Completion that will be awarded to the course participant upon completion of the course. For each biennium renewal, a total of 20 credit hours must be completed for all five required courses. Part of this 20 required hours consists of 4 hours of legal update seminars.
2. Certificates of Course Completion are awarded upon the successful completion of an approved continuing education course. Pursuant to Rule 61E14-4.003(2), Florida Administrative Code, these certificates must contain the following information:
 - a. Course participant's name
 - b. Course title
 - c. Course approval number
 - d. Date completed
 - e. Number of credit hours
 - f. Type of continuing education credit as described in Rule 61E14-4.001(3), Florida Administrative Code
 - g. Statement to participant as required in Rule 61E14-4.003(2), Florida Administrative Code

□ COURSE OUTLINE

In accordance with Rule 61-E14.4.003(1)(b), Florida Administrative Code, a course outline which describes the course's content and subject matter should accompany the provider application. A course outline should address the following:

Learner Objectives:

1. Objectives shall describe expected learner outcomes, how learner outcomes will be evaluated, and describe how the objectives will be obtained.
2. The objectives shall describe the content, teaching methodology and plan for evaluation.

Subject Matter:

1. The content shall be specifically designed to meet the objectives and the stated level and learning needs of community association managers. Specifically, it shall address one or more of the subject areas outlined in subsection 61E14-4.001(3), Florida Administrative Code.

Materials and Methods:

1. Indicate how the course will be taught in order to achieve the learner objectives. (Classroom, distance/online or correspondence.)
2. Specify the time schedule for the course to ensure adequate time for the activities and level of presentation.
3. Demonstrate that principles of adult education are utilized in determining teaching strategies and learning activities.
4. List source material by name, date, and format to ensure currency and applicability.

Course Evaluation:

1. Indicate how the course will be evaluated for meeting the learner's needs (i.e. question and answer session, class discussion, written examination).
2. Indicate how the course will be evaluated by the learner in relation to the course material, learning experiences, instructional methods, facilities, and resources used.

□ COURSE INSTRUCTORS

Applicants must submit the resume of each instructor who will be presenting courses during the period of providership. At a minimum the resume should include the instructor's qualifications and instructional experience consisting of at least:

1. A bachelor's degree and two (2) years of experience in the subject matter being taught; or
2. An associate's degree and four (4) years of experience in the subject matter being taught; or
3. Six (6) years of experience in the subject matter being taught.

Application Instructions (by section)

a) Section I- Application Type

- i. Select Continuing Education Course Approval if you are submitting this course for an initial approval.
- ii. Select Continuing Education Course Renewal if you are renewing a course approval.

b) Section II- Applicant Information

- i. Fill out each section completely.
- ii. In the "Applicant Information" section, applicants must use their name as it appears on his or her social security card. Do not use any nicknames or initials.
- iii. Provide the name of the company or organization that will provide educational services.
- iv. Provide the company or organization provider number.
- v. If you are renewing a course, provide the course number for the course.
- vi. Provide your mailing address. This will be used for sending correspondence regarding your application.
- vii. Applicants must provide their business location address.
- viii. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

b) Section III- Course Information

- i. Provide the course title.
 - ii. Provide the course number.
 - iii. Select the subject areas that are covered in the course instruction and provide the number of credit hours for each subject area.
 - iv. Add up the total number of credit hours for each subject area offered in the course.
 - v. Indicate the methods of instruction used to teach the course.
- c) **Section IV- Affirmation by Written Declaration**
- i. Each applicant must sign the affirmation by written declaration.

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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 beginning of this application.

Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES	
<input type="checkbox"/>	Continuing Education Course Approval [3805/1030]
<input type="checkbox"/>	Continuing Education Course Renewal [3805/2020]

Section II – Applicant Information- Provider

PROVIDER INFORMATION			
Last/Surname (Provider)	First	Middle	Suffix
Company/Organization Name			
Provider Approval Number			
Course Approval # (If renewal)			
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
BUSINESS LOCATION ADDRESS			
Street Address			
City	State	Zip Code	
County (if Florida address)		Country	
CONTACT INFORMATION			
Contact Name:			
Primary Phone Number	Primary E-Mail Address		

Section III – Course Information

COURSE DATA	
Course Title:	
Course Number:	
Subject Area (please check all that apply)	Credit Hours
<input type="checkbox"/> Legal Update Seminar	
<input type="checkbox"/> Insurance and Financial Management	
<input type="checkbox"/> Operation of the Community Association's Physical Property	
<input type="checkbox"/> Human Resources	
<input type="checkbox"/> Other/Elective	
Total Course Hours	
Methods of Instruction (check all that apply)	
<input type="checkbox"/> Classroom	
<input type="checkbox"/> Correspondence (must include a post course exam)	
<input type="checkbox"/> Distance/Online	

Section V – 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. 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.</p>	
Signature:	Date:
Print Name:	