

**INFORMATION FOR  
CONTINUING EDUCATION PROVIDER AND  
COURSE APPROVAL APPLICATION  
DBPR CILB 4354-1**

**Application begins on page 3**

*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.*

In filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is furnished. **Please type or print in ink.** Applicants are cautioned to read questions thoroughly. The application will be considered by the Board at the first meeting held no more than 90 days after the date the application was submitted. Existing providers only need to submit pages 3-6 if the information submitted at the time of provider approval has not changed. If any of the information you submitted on your provider application has changed, you must notify the department of such changes within 30 days.

**APPLICATION CHECKLIST:**

**Select the appropriate “Transaction” below which applies to your situation and follow the steps identified in the corresponding “Application Requirements” box.**

TRANSACTION	APPLICATION REQUIREMENTS
<b>Provider Application</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$250 fee (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR CILB-4354-1 – Continuing Education Provider and Course Approval Application</li> <li><input type="checkbox"/> For individuals, complete DBPR 0010 – Master Individual Application</li> <li><input type="checkbox"/> For organizations, complete DBPR 0020-1 – Master Organization Application and DBPR 0040-1 – Officers and Directors form</li> </ul>
<b>Course Application</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$25 fee per classroom hour, maximum of \$150 per course (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR CILB-4354-1 – Continuing Education Provider and Course Approval Application</li> </ul>
<b>Provider Renewal</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$250 fee (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete Transaction Type and Provider information on Page 3 of DBPR CILB-4354-1</li> </ul>
<b>Course Renewal</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay \$25 fee per classroom hour, maximum of \$150 per course (make check payable to the Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR CILB-4354-1 – Continuing Education Provider and Course Approval Application</li> </ul>

**QUALIFICATIONS:**

The information required to be an accredited Provider of continuing education for contractors in the State of Florida is set forth in the Construction Industry Licensing Board’s rule 61G4, sections 18.001-18.014.

**COURSE INFORMATION:**

The course title you choose must adequately define the content of the course. You must complete each section of the application. If you are applying to qualify more than one course, fill out additional DBPR CILB-4354-1 –Continuing Education Provider and Course Approval Applications as necessary.

**COURSE SYLLABUS INFORMATION:**

The course syllabus information filled out on the application must meet the following criteria.

***Course Description***

The course description must relate to the general business skills or the technical skills required of certificate holders or registrants, and/or relate to specific category or categories as defined in Florida Statute 489.105 (3).

***Course Topics***

The course topics must relate to the course description. The topics should illustrate the specific areas that are going to be covered during the course.

***Course Timeline***

A course that is more than 50 minutes should include a timeline that covers each topic.

***Course Objectives***

The course objectives should state what the contractor should be able to demonstrate when he/she has successfully completed the course. The objectives should describe the intended performance clearly enough to preclude misinterpretation.

***Evaluation Method***

Describe the method of evaluation that will be used to determine if the course attendees achieve the objectives of the course.

**INSTRUCTOR QUALIFICATIONS:**

In order to teach an approved course, an instructor must meet one of the following three criteria:

- Any person with a four-year college degree or graduate degree is qualified to teach any course in their field of study.
- Any active or inactive state certified or registered contractor with at least five years experience may teach any technical course regarding construction within the scope of the contractor's license. However, no contractor whose construction license is suspended or revoked as a result of Board discipline shall teach or serve as a continuing education course instructor.
- A course sponsor may request approval by the board regarding the qualifications of a particular instructor for a particular course.

List any and all education and relevant work experience. This information is required in order to evaluate the instructors' qualifications for teaching the desired course. The provider must also identify the minimum qualifications of all future instructors.

**IMPORTANT INFORMATION:**

All contractors are now required, as a part of the 14 hours of continuing education, to have at least one hour of workplace safety, at least one hour of workers' compensation, at least one hour of business practices, at least one hour of Advanced Module, and at least one hour of laws and rules. The provider must indicate on the course application if these five hours are included in the course.

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

Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399 – 0783

**DBPR CILB 4354-1 – Continuing Education Provider and Course Approval Application**



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399 – 0783**

**NOTE – This form must be submitted as  
part of an entire application packet**

*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.*

<b>CHECK TRANSACTION REQUESTED</b>	
<b>Transaction Type:</b>	
<input type="checkbox"/>	Provider Application – \$250 fee required
<input type="checkbox"/>	Course Application – \$25 fee required per classroom hour (maximum of \$150 per course fee)
<input type="checkbox"/>	Provider Renewal – \$250 fee required
<input type="checkbox"/>	Course Renewal – \$25 fee required per classroom hour (maximum of \$150 per course fee)

<b>PROVIDER INFORMATION</b>	
Individual/Company Name	
Provider Number (if applicable)	

<b>COURSE OFFERING INFORMATION</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is this a new course?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not a new course, has the course changed? Course # _____
Title of Course, Workshop, or Seminar		
Number of Classroom Hours		
Method of Presentation:		
<input type="checkbox"/> Instructor-Led/Classroom <input type="checkbox"/> Distance Learning <input type="checkbox"/> Other: _____		
Intended Target Group		



EVALUATION METHOD

INSTRUCTOR INFORMATION				
Last Name	First	Middle	Title	Suffix
License Number (if applicable)				
INFORMATION REGARDING THE QUALIFICATION OF INSTRUCTOR				
Instructors assigned to teach the course must meet one of the following criteria. Please check the criteria the assigned instructor meets.				
<input type="checkbox"/>	1. A four-year college degree or graduate degree may teach in their field of study.			
<input type="checkbox"/>	2. A state certified or registered contractor with at least five (5) years of construction experience may teach any technical course in their area of licensure.			
<input type="checkbox"/>	3. Approval by the Board regarding the qualification of a particular Instructor for a particular course. NOTE: Board will be looking for appropriate experience.			

IF YOU CHOSE NUMBER 3 ABOVE AS THE CRITERIA TO QUALIFY AN INSTRUCTOR, PLEASE DOCUMENT THE INSTRUCTOR'S EDUCATION AND RELEVANT WORK EXPERIENCE		
DATES	SCHOOL	DEGREE
DATES	COMPANY	WORK EXPERIENCE

**QUALIFICATIONS OF FUTURE INSTRUCTORS**

Instructors assigned to teach the course must meet one of the following criteria. Please check the criteria the assigned instructor meets.

<input type="checkbox"/>	1. A four-year college degree or graduate degree may teach in their field of study.
<input type="checkbox"/>	2. A state certified or registered contractor with at least five (5) years of construction experience may teach any technical course in their area of licensure.
<input type="checkbox"/>	3. Approval by the Board regarding the qualification of a particular Instructor for a particular course. NOTE: Board will be looking for appropriate experience.

**ATTESTATION STATEMENT  
REQUIRES SIGNATURE OF THE CONTACT PERSON**

**I affirm that I have provided the above information completely and truthfully to the best of my knowledge.**

Name of the Contact Person: \_\_\_\_\_

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name		First	Middle	Title Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

\*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.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

**ATTEST STATEMENT**

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

ORGANIZATION INFORMATION		
Federal Employer ID Number/Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Estate <input type="checkbox"/> Professional Association <input type="checkbox"/> Other <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
Primary Phone Number	Primary E-Mail Address	
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

\*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.



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Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME	
Name of Organization	
Trade Name	

LIMITED LIABILITY CORPORATION QUESTIONS
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information. Member Managed <input type="checkbox"/> Manager Managed <input type="checkbox"/>
If you are a member managed LLC, list below all members. If you are a manager managed LLC, list below all managers.

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active <input type="checkbox"/>	Non-Active <input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active <input type="checkbox"/>	Non-Active <input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

Attach additional sheets as necessary

DBPR 0050-1 – Explanatory Information for Background Questions



STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND  
 PROFESSIONAL REGULATION  
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PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary

