

**TRAINING PROVIDER AND CONTINUING EDUCATION
COURSE APPROVAL APPLICATION INFORMATION
DBPR ECLB 4455-1**

Application begins on page 4

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.

Before submitting this application to the board office, ensure all sections are completed and all attachments are clearly identified with your provider name, number & course title. **Please submit a separate application for each course.**

STATUTORY AUTHORITY Chapter 489, Part II, Florida Statutes. The information required to be a registered provider of continuing education for the Electrical Contractors' Licensing Board in the State of Florida is set forth in Rule 61G6-9, Florida Administrative Code.

FEES

<u>Course Type</u>	<u>Price</u>	<u>Not to Exceed</u>
Fire Alarm System Agent Course	\$25 per hour	\$100 for one course
Alarm System Agent Course	\$15 per hour	\$60 for one course
Continuing Education Course	\$25 per hour	\$100 for one course
Provider Approval	\$200	N/A
Fire Alarm Sponsor	\$200	N/A

Make check or money order payable to the Department of Business and Professional Regulation or DBPR.

SUPPORTING DOCUMENTS The following supporting documents will be used by the Board to evaluate each application.

- ❑ **Course Title** List the course title as it is to appear on all advertisements.
- ❑ **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 (1) C.E. Hour = Fifty (50) Minutes of Instruction.)
- ❑ **Course Description** The course description must relate to the inspection and technical skills required of certificate holders; and/or relate to a specific category or categories as defined in Chapter 489, Part II, Florida Statutes.
- ❑ **Course Objectives or Goals** The specific behavioral objectives should state what the electrical or alarm systems contractor should be able to demonstrate when he/she has successfully completed the course. It should describe the intended performance clearly enough to preclude misinterpretation.
- ❑ **Method of Course Presentation** The method of presentation must describe how the course content will be presented (i.e., lecture, discussion, multimedia presentations, etc.).
- ❑ **Method of Evaluation of Course Participants** The evaluation must describe the technique that will be used to measure the course participant's achievements.
- ❑ **Qualifications of Course Instructors** Instructors assigned to teach the course must meet one of the following criteria:
 - Any person with a four-year college degree or graduate degree is qualified to teach any course in their field of study.
 - A state certified or registered electrical contractor, specialty electrical contractor, or alarm systems contractor with at least five (5) years experience may teach any technical course regarding contracting within the scope of the contractor's license.
 - Any qualified authority may teach courses within area of expertise.
 - List any and all experience teaching, conducting or coordinating instructional and/or continuing education classes.

- ❑ **Topical Outline of the Course** The topical outline is a general outline of the order in which the course subject matter will be presented to the course participants.

If there is a substantial change in the content of the course or method of presentation, you must receive Board approval prior to offering the course(s).

Each person who completes an approved course must be issued a certificate of completion by the course provider. The certificate of completion shall contain the name and license number(s) of the person who completed the course, date course was completed, length of the course, the course number, course prefixes, and the provider number and the provider name.

Course providers are hereby notified that pursuant to Section 489.517(4)(b) F.S., of the 14 hours of continuing education required to renew a license, at least 7 hours must be on technical subjects (T), 1 hour on workers' compensation (C), 1 hour on workplace safety (S), and 1 hour on business practices (B).

APPLICATION DEADLINE All applications must be received by the deadline. Any application received after the deadline will be processed for the next available Board meeting. Application deadlines and Board meeting dates are available from the website or the Customer Contact Center.

APPLICATION CHECKLIST:

Select the appropriate category below and comply with the corresponding requirements.

Category	Requirements
<p>Fire Alarm System Agents</p> <p>or</p> <p>Alarm System Agents</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ECLB-4455-1 – Request for Training Provider and Continuing Education Course Approval Application <input type="checkbox"/> Submit resumes for each instructor known at time of application. Resumes must include description of course, subjects covered, course location & address, and provider’s name and telephone number <u>as it relates</u> to instructor’s teaching experience. <input type="checkbox"/> Submit supporting documents (see page 1 of instructions) <input type="checkbox"/> Must be a board approved fire alarm system agent provider, or alarm system agent provider <input type="checkbox"/> Course approval is valid for 2 years, to be renewed on May 31 of odd years, unless the provider status expires or is disciplined, prior to course expiration. You will be required to submit a current course application to the Board for consideration prior to the expiration of the course. <input type="checkbox"/> Submit fees as listed above
<p>Continuing Education</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete DBPR ECLB-4455-1 – Request for Training Provider and Continuing Education Course Approval Application <input type="checkbox"/> Submit resumes for each instructor known at time of application. Resumes must include description of course, subjects covered, course location & address, and provider’s name and telephone number <u>as it relates</u> to instructor’s teaching experience. <input type="checkbox"/> Submit supporting documents (see page 1 of instructions) <input type="checkbox"/> Must be a board approved continuing education provider <input type="checkbox"/> Course approval is valid for 2 years, to be renewed on May 31 of odd years, unless the provider status expires or is disciplined, prior to course expiration. You will be required to submit a current course application to the Board for consideration prior to the expiration of the course. <input type="checkbox"/> Providers must use the prefixes to designate the number of approved hours in each of the four statutorily mandated categories: "T" for Technical, "C" for Workers' Compensation, "S" for Workplace Safety and "B" for Business Practices. The above designations must be used on all course brochures, advertisements, and course completion certificates. <input type="checkbox"/> Submit fees as listed above

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

www.MyFlorida.com

DBPR ECLB 4455-1 – Request For Training Provider and Continuing Education 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.

CONTACT PERSON & COURSE PROVIDER (The Board Office will only accept one contact person for each provider.)				
Identifying Number (school permit, provider, entity – if applicable)				
Last Name	First	Middle	Title	Suffix
Organization (Provider) Name		Social Security Number*		
PROVIDER OWNERSHIP DATA (List persons or companies entitled to receive revenues from course provider)				
Individual Company Name				
Street	City	State	Zip	
Telephone	Social Security Number or Federal Tax ID*			
COURSE PROVIDER MAILING ADDRESS & CONTACT INFORMATION				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			
Primary Phone Number	Primary E-Mail Address			
LOCATION OF CLASS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
PHYSICAL BUSINESS 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 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.*

COURSE INFORMATION

Is this a new course application or a renewal? New Renewal

- Continuing Education Course
- Fire Alarm System Agent Course CE Training
- Alarm System Agent Course

Provider Number (if applicable) _____

Course Number (if applicable) _____

Course Title _____

Total Course Credit Hours _____

Course Category

- Business Practices _____ Number of Hours
- Technical _____ Number of Hours
- Workers' Compensation _____ Number of Hours
- Workplace Safety _____ Number of Hours

Target Audience

- Electrical Contractor
- Alarm Contractor I
- Alarm Contractor II
- Residential Alarm Contractor
- Lighting Maintenance Specialty Contractor
- Utility Line Electrical Contractor
- Sign Specialty Contractor
- Limited Energy System Specialty Contractor

LOCATION OF CLASS

Street Address or P.O. Box

City	State	Zip Code (+4 optional)
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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: _____