

**Board of Landscape Architecture Continuing Education
PROVIDER APPROVAL APPLICATION**

INSTRUCTIONS:

*Please type or print information in black ink.
Make sure to answer all portions of application.
Remit fee of \$250 with application.
Attach sample of certificate of completion to application.
Do not use initials or abbreviations.
Read back of application for additional information.*

IDENTIFICATION DATA:

Provider Name: _____

Mailing Address: _____

Location Address (if different): _____

E-Mail Address (if available): _____

City: _____ State _____ Zip _____

Telephone: (_____) _____ Fax: (_____) _____

Authorized Representative: _____

Position Title: _____

Social Security 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 subsections 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.

Type of Organization Applying:

- Accredited University, College or Community College
- Vocational/Technical School
- Private School
- Professional Organization, Association, or Independent Entity

Is provider approved by any board within the Department of Business and Professional Regulation to provide continuing education? YES NO

If yes, what is the Provider Approval Number? _____

State whether applicant is an individual seeking provider status, a business entity seeking provider status, a professional organization seeking provider status, a governmental entity seeking provider status, or an educational facility seeking provider status. _____

What is the scope of applicant's business? _____

What is the length of time the applicant has been in the business of offering continuing education courses? _____

What is the geographical size of business or professional organization? E.g., an international company or organization, a national company or organization, a regional company or organization, or a local company or organization _____

Is applicant directly or indirectly affiliated with the profession of Landscape Architecture. (I.e., An irrigation firm is directly affiliated; an insurance company is indirectly affiliated.) _____

If applicant is not a business, but an individual, please attach curriculum vitae or resume listing applicant's education and work experience.

A list of the above requested information is available for your convenience from the Board Office or may be printed from the Board Web Site at MyFlorida.com./dbpr.

By signing below, the applying provider agrees to comply with board Rules 61G10-18, F.A.C., and with requirements set by the Department's contract vendor authorized by board Rule and department Rule 61-6.015, F.A.C.

Authorized Signature: _____ Date: _____

GENERAL INFORMATION:

To maintain provider status in good standing, providers must adhere to all provider requirements outlined in Landscape Architecture Rule 61G10-18, F.A.C. and department Rule 61-6.015, F.A.C.

Record Keeping Requirements:

Attendance lists, course outlines, instructor resumes and evaluations must be maintained for a minimum of four years per department Rule 61-6.015, F.A.C. 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.

Certifications of Completion:

Certificates of Completion must be awarded upon the successful completion of all approved continuing education courses and must include the following information:

1. Provider's Name
2. Provider's Approval Number
3. Licensee's Name and Licensure Number
4. Approved Course Title
5. Course Approval Number
6. Date of Course Completion
7. Number of Approved Continuing Education Credit Hours Awarded and Subject Area

A sample of the Certificate of Completion must be submitted with the provider application.

General Requirements:

Providers shall not advertise a course as an approved continuing education course until the course is approved by the Board of Landscape Architecture.

Approved course numbers and approved titles should be used in all advertisements.

Any substantive changes regarding the provider's application information must be filed with the department or department's vendor within 30 days of the change.

Provider approval is valid until May 31 of odd numbered years and must be renewed.

Provider must work with licensee to resolve reporting conflicts.