


# FBPE

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FLORIDA BOARD OF  
PROFESSIONAL ENGINEERS

2400 Mahan Drive  
Tallahassee, Florida 32308

## **Application For Continuing Education Provider**

		<b>APPLICATION FOR CONTINUING EDUCATION PROVIDER STATUS</b> <b>Fee: \$250 (Made Payable to FBPE)</b>			
<b>COMPANY NAME</b>					
<b>MAILING ADDRESS</b>	Number and Street:			Apt/Lot No.:	
	City:	State:	Zip Code:	County:	
<b>BUSINESS TELEPHONE NUMBER:</b>			<b>POINT OF CONTACT:</b>		
<b>EMAIL ADDRESS:</b> Do you wish to receive correspondence via email? Yes No All email addresses are public records pursuant to F.S. Chapter 119.011(12).			<b>FEIN / SOCIAL SECURITY NUMBER:</b> Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 455.213(1), 409.2577, and 409.2598, F.S.		

<b>PROVIDER CATEGORY</b>	
Please check the category that best describes your organization.	
<input type="checkbox"/> A commercial educator. 61G15-22.002 Definitions. (An individual or business organization trained in teaching and offering education courses for a profit).	
<input type="checkbox"/> A state or national professional association whose primary purpose is to promote the profession of engineering.	
<input type="checkbox"/> A Professional Engineer with a Florida license to practice engineering who is not and has never been the subject of disciplinary action.	
<input type="checkbox"/> A Professional Engineering Business holding a current Florida Engineering Business Registry.	
<input type="checkbox"/> A governmental agency impacting the practice of engineering that is <b>NOT</b> a State or Federal Agency exempt under 61G15-22.011(9), F.A.C.	
<input type="checkbox"/> Other	

**ADDITIONAL PROVIDER INFORMATION**

If you are a **Florida Professional Engineer** applying for provider status, please list your Florida P.E. License # \_\_\_\_\_

If you are a **Professional Engineer** applying for provider status, please indicate whether any state Board has ever taken disciplinary action against your engineering license. ☐ Yes ☐ No

If you answered yes, please provide the Final Order number and the violation.

FINAL ORDER NUMBER: \_\_\_\_\_

Violation: \_\_\_\_\_

If you are a **Professional Engineering Business** applying for provider status, please list your Florida Engineering Business Registry #. \_\_\_\_\_

If you are a professional engineering business applying for provider status, please indicate whether any state Board has ever taken disciplinary action against the certificate of authorization for your engineering business? ☐ Yes ☐ No

If you answered yes, please provide the Final Order number and the violation.

FINAL ORDER NUMBER: \_\_\_\_\_

Violation: \_\_\_\_\_

**COURSE INFORMATION**

Please answer the following questions pertaining to the course(s) your organization is offering.

**Describe the types of courses or seminars you expect to conduct as a Continuing Education Provider.**

Attach supplement if needed.

**Describe how you plan to update your course(s) based on changes in the law or rules.**

Attach supplement if needed.

**Describe the procedures to be used in evaluating the licensee's performance in the course.**

Attach supplement if needed.

**List and attach a sample course curriculum for each intended course.**  
Diskettes, CDs, books, or bulky materials are not acceptable samples.

Attach supplement if needed.

### ATTESTATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I hereby agree to abide by the Florida Board of Professional Engineers Laws and Rules regarding Continuing Education provider status in Chapter 61G15-22.

**Applicant**

**Sign Here**  \_\_\_\_\_

#### REMINDERS:

- \* ATTACH A COPY OF THE CERTIFICATE OF COMPLETION.
- \* IF APPLYING AS A COMMERCIAL EDUCATOR: ATTACH A COPY OF THE INSTRUCTOR(S) RESUME DEMONSTRATING KNOWLEDGE OF SUBJECT MATTER.
- \* ATTACH A LIST OF COURSES AND THE AMOUNT OF CEU/PDH'S FOR EACH COURSE.