State of Florida **Department of Business and Professional Regulation Board of Landscape Architecture Provider Approval Application** Form # DBPR LA BET 1

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

TRANSACTION	APPLICATION REQUIREMENTS	
Landscape Architecture Continuing Education Provider Approval - Individual	 Complete this application. Submit the \$250 fee with this application. Make check payable to the Department of Business and Professional Regulation or DBPR. Submit curriculum vitae or resume listing applicant's education and work experience. 	
Landscape Architecture Continuing Education Provider Approval – Organization	 Complete this application. Submit the \$250 fee with this application. Make check payable to the Department of Business and Professional Regulation or DBPR. 	

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

Department of Business and Professional Regulation 1940 North Monroe Street Tallahassee, FL 32399-1046

State of Florida Department of Business and Professional Regulation Board of Landscape Architecture Provider Approval Application Form # DBPR LA BET 1

Check the appropriate box in Section I and complete the remainder of the application appropriately. 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 instructions of this application.

Section I - Application Type

CHECK ONE OF THE APPLICATION TYPES

- Approval of Landscape Architecture Continuing Education Provider Individual \$250.00 (Complete Sections II and III and attach curriculum vitae or resume listing applicant's education and work experience). See Section IV for more information. [1305/1030]
- Approval of Landscape Architecture Continuing Education Provider Organization \$250.00 (Complete Sections II and III). [1305/1030]

Section II - Applicant Information - Provider

PERSONAL INFORMATION (Provider/Owner)					
Last/Surname (Provider) First		Middle	Suffix		
Social Security Number (If Individual)*					
Federal Employer ID Number (If organization)					
GENERAL IDE	NTIFIC	ATION			
Is Provider approved by any other board within the De to provide continuing education? Pes No	epartme	nt of Business and l	Professional Regulation		
If yes, what is the provider approval number?					
MAILING A	ADDRES	SS			
Company Name					
Street Address or P.O. Box					
City		State	Zip Code (+4 optional)		
County (if Florida address)	Country				
BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)					
Company Name					
Street Address					
City		State	Zip Code (+4 optional)		

Section II - Applicant Information - Provider - continued

County (if Florida address)	Country				
CONTACT INFORMATION					
Last/Surname (Authorized Representative) First	Middle	Suffix			
Primary Phone Number Primary E-Mail Address					
ADDITIONAL CONTACT INFORMATION (OPTIONAL)					
Alternate Phone Number	Fax Number				
Alternate E-Mail Address					

Section II - Applicant Information - Provider - continued

What is the scope of the applicant's business? Will the applicant offer initial entry-level courses in landscape architecture, advanced courses in landscape architecture, general education courses/electives, or courses for professions other than landscape architecture? Explain with as much detail as possible in the space provided.
What is the length of time the applicant has been in the business of offering continuing education courses?
What is the geographical size of the business? E.g., An international, national, regional, or 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.

^{*}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.

Section II – Applicant Information – Provider – continued

	IF THE APPLICANT IS A NON-INDIVIDUAL/ORGANIZATION, CHECK THE APPROPRIATE BOX:		
	Vendor of equipment material or software used in the practice of landscape architecture		
	Accredited university, college, or community college		
	Vocational/Technical school		
	Private commercial educator		
	Governmental agency		
	State or national professional association		
	Other independent entity		
Is the applicant a landscape architect with a Florida license to practice landscape architecture who is not			
under disciplinary restrictions pursuant to any order of the Board? Check One:			
	Yes		
	No		

Section III - Affirmation By Written Declaration

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AFFIRMATION BY WRITTEN DECLARATION				
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.				
Signature:	Date:			
Print Name:				

Section IV - General Information

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**

- To demonstrate the education and/or experience necessary to instruct landscape architects in the conduct of their practice for continuing education credit, an applicant for continuing education provider status must be either a vendor of equipment material or software used in the practice of landscape architecture, an accredited educational institution, a commercial educator, a governmental agency, a state or national professional association whose primary purpose is to promote the knowledge, skills and abilities associated with the practice of landscape architecture, or a landscape architect with a Florida license to practice landscape architecture who is not under disciplinary restrictions pursuant to any order of the Board. In addition, the applicant must demonstrate particular education, experience or skill which sets the applicant apart from the landscape architects who the applicant proposes to instruct. 61G10-18.002 (1), F.A.C.
- Individual applicants (landscape architects with a Florida license to practice landscape architecture who are not under disciplinary restrictions pursuant to any order of the Board) shall submit a detailed curriculum vitae or resume listing education and work experience. These applicants need to demonstrate their approval would be consistent with 61G10-18.002 (1), above.
- The American Society of Landscape Architects, the Florida Chapter of the American Society of Landscape Architects, the Florida Department of Transportation, the Florida Department of Environmental Protection, and state universities, colleges, and community colleges in Florida will be considered approved providers. The provider as well as all courses must be assigned provider and course numbers for attendees to be eligible to receive credit. Providers must meet all reporting requirements set forth in Section 455.2178, F.S., and courses must meet criteria set forth in subsection 61G10-18.006(5), F.A.C. Providers must submit Form DBPR LA BET 1, "Provider Approval Application," to be assigned a provider number and Form DBPR LA BET 2, "Course Approval Application," to be assigned a course number and to receive course approval. Supporting documentation is not required; however, all other requirements must be met. Advanced instruction in the Florida Building Code curriculum must be established or accredited by the Florida Building Commission.
- 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 455.2178, FS.
- Certificates of completion must be awarded upon successful completion of all approved continuing education courses and must include the following information:
 - o Provider's name
 - Provider's approval number
 - o Licensee's name and licensure number
 - Approved course title
 - Course approval number
 - Date of course completion
 - o Number of approved continuing education credit hours awarded and subject area
- 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 shall be used in all advertisements.
- Any substantive changes regarding the provider's application information must be filed with the Department or the 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.