


FBPE

FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

2400 Mahan Drive
Tallahassee, Florida 32308

Application For Continuing Education Provider

		APPLICATION FOR CONTINUING EDUCATION PROVIDER STATUS Fee: \$250 (Made Payable to FBPE)			
COMPANY NAME					
MAILING ADDRESS	Number and Street:			Apt/Lot No.:	
	City:	State:	Zip Code:	County:	
BUSINESS TELEPHONE NUMBER:		POINT OF CONTACT:			
EMAIL ADDRESS: Do you wish to receive correspondence via email? Yes No All email addresses are public records pursuant to F.S. Chapter 119.011(12).		FEIN / SOCIAL SECURITY NUMBER: 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.			

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