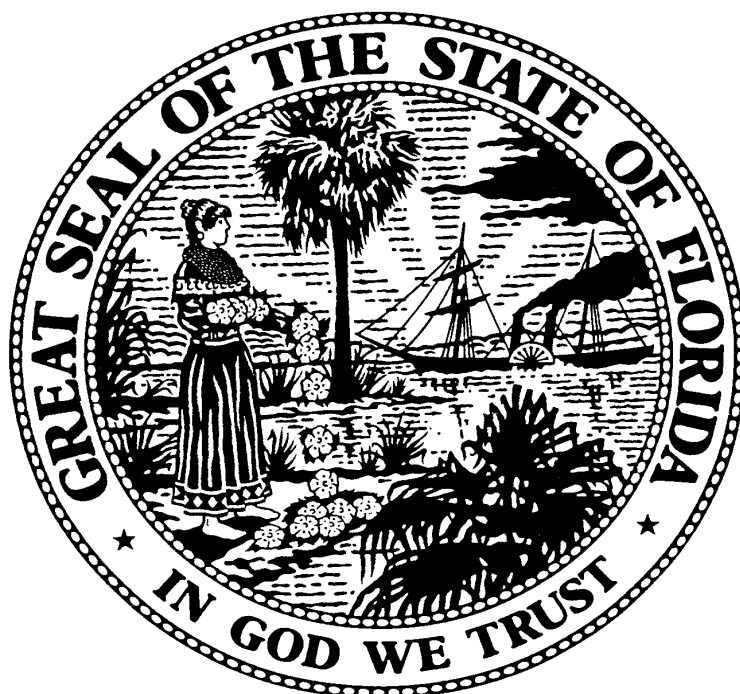


# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM  
COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
CONTINUING EDUCATION COURSE APPROVAL APPLICATION**

Chapter 472, Florida Statutes  
5J-17.047

Florida Department of Agriculture and Consumer Services  
**Board of Professional Surveyors and Mappers**  
**Continuing Education Course Approval Application**

If you have any questions or need assistance in completing this application, please contact the Florida Department of Agriculture and Consumer Services at 1-800-HELP-FLA (435-7352) or 850-410-3800.

In filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is furnished. Please type or print in ink. Applicants are cautioned to read questions thoroughly.

**Provider approval does not constitute automatic course approval.**

**APPLICATION REQUIREMENTS**

- |  |   |
|--|---|
| <b>Course Application /<br/>Course Renewal</b> | <input type="checkbox"/> Complete this application.<br><input type="checkbox"/> Submit a copy of detailed course outline.<br><input type="checkbox"/> Submit sample course certificate of completion. |
| <b>Fee</b>                                     | There is no fee to submit this application.   |

**ATTEST STATEMENT**

The provider's point-of-contact is required to sign the attest statement located on page 3. It is NOT to be signed by an instructor or administrative representative.

**General Information**

*If you are applying to qualify more than one course, you must fill out a form for each course and provide supporting documentation for each course.*

**COURSE TITLE**

The course title you choose must adequately define the content of the course. You must complete each section of the application.

**COURSE SYLLABUS**

The course syllabus information filled out on the application must meet the following criteria:

- **Course Description** – The course description must relate to the general business skills or the technical skills required of certificate holders, and/or relate to a specific category or categories as defined in Section 472.005, Florida Statutes.
- **Course Topics** – The course topics must relate to the course description. The topics should illustrate the specific areas that are going to be covered during the course.
- **Course Objectives** – The course objectives should state what the licensee should be able to demonstrate when the course has been successfully completed. The objectives should clearly describe the intended performance to preclude misinterpretation.
- **Evaluation Method** – Describe the method of evaluation that will be used to determine if the course attendees achieve the objectives of the course.

**DETAILED COURSE OUTLINE**

The detailed course outline must indicate the course topic, all points to be covered regarding the topic and an associated timeline indicating the number of minutes to be spent on each topic. Reiteration of course topics do not constitute a detailed course outline. The course outline must be attached as an addendum to the application.

**ADDITIONAL INFORMATION**

Submit a sample continuing education course certificate of completion that complies with Rule 5J-17.044(2), Florida Administrative Code.

**Please send your completed application and documentation to:**

Florida Department of Agriculture and Consumer Services  
Surveyors and Mappers Program  
Terry Lee Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*  
www.800helpfla.com • 850-410-3804 *Fax*

Please return completed  
application to:

FDACS  
Terry Lee Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

- Course Application / Update  Course Renewal

**PROVIDER INFORMATION**

Individual / Company Name:

Provider Number:

\* Federal Employer ID Number (FEID) or Social Security Number (SSN):

Provider Number(s):

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Facsimile

Point of Contact:

Mailing Address (if applicable please include suite and/or unit numbers):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

**COURSE OFFERING INFORMATION**

Is this a new course?  Yes  No Course #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If this is not a new course, has the course changed?  No  Yes (If yes, please include an outline of the changes on a separate sheet)

Title of Course, Workshop, or Seminar: \_\_\_\_\_ Number of Classroom Hours: \_\_\_\_\_

Method of Presentation:

- Instructor-Led / Classroom  Correspondence  Online / Internet

**COURSE INFORMATION**

Does this course meet the CE requirement for MTS, Laws and Rules, or combined course?  Yes  No

Does this course meet the CE requirements for general?  Yes  No

**Please attach the following to your application:**

- Course description
- Detailed course outline with timeline
- Course objectives
- Sample certificate of completion

**ATTEST STATEMENT  
REQUIRES SIGNATURE OF PROVIDER POINT OF CONTACT**

**I affirm that I have provided the above information completely and truthfully to the best of my knowledge.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_