



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

**REQUEST FOR APPROVAL OF FIRE PROTECTION SYSTEM CONTRACTOR
CONTINUING EDUCATION COURSE WORK
BUREAU OF FIRE PREVENTION
REGULATORY LICENSING SECTION**

In compliance with the provisions of Section 633.537, Florida Statutes, and Florida Administrative Code 4A-46, I hereby submit the following course for approval for continuing education for fire protection system contractors.

Name of Submitter: _____
Last First Middle

Business Name (if applicable): _____

Address: _____
Number Street

City State Zip Code
00000

Name and Address of Organization Offering the Course:

Course Title: _____

Type of Course: ☐ Business Practices ☐ Technical

State the total number of hours or minutes that will be devoted to course content. Do not include any time devoted to registration periods; coffee breaks; meals; and similar non-substantive time periods.

Total Classroom Hours/Minutes Requested: _____

- ☐ Attach course syllabus.
- ☐ Attach detailed outline of course content.
- ☐ Describe and attach any written instruction materials, manuals, or other course handouts.
- ☐ Describe any audio-visual aids, which will be used.

INSTRUCTOR REQUIREMENTS:

Instructor approval is based upon a person's training, experience and expertise in the subject of the course. The instructor must be qualified by education or experience, to teach the course, or parts of the course as submitted. Any person with a four-year college degree or graduate degree is qualified to teach any course in their field of study. Any state certified fire protection system contractor with at least five years experience may teach any technical course within the scope of the contractor's license; however, no contractor whose license is suspended or revoked as a result of administrative action shall teach any course or serve as a continuing education course instructor. **Attach instructor qualifications.**

Name of Instructor: _____
Last First Middle

Address: _____
Number Street

City State Zip Code

I understand continuing education coursework approval is valid for two years from the date of issue, provided no substantial change is made in the course.

I understand that each approved course will be assigned a course number and the course will be identified by course title as submitted and the number of continuing education hours awarded. I further understand that the course number must be used in the course syllabus, in all other course materials used in connection with the course and in all written advertising materials.

At the conclusion of each course, I understand each student will be provided a course certificate, which includes the course number, course title, date of course and course hours. I further understand, that a course sign-in sheet or roster shall be supplied to the Regulatory Licensing Section within 30 days of the conclusion of any offering of an approved course. The sign-in sheet or roster shall contain the following information: course name; course number; course provider; date course was offered; duration of course; licensee or permittee name; license or permit number; licensee or permittee signature. In the case of interactive distance learning courses, in lieu of the original sign-in sheet required above, the course provider shall maintain and provide records of the registration log-in, course access log, and course completion, which shall contain all the information required above. In lieu of providing a document with the licensee or permittee signature, the course provider shall provide the licensee's or permittee's identity verification data, which shall include the licensee's or permittee's password and the licensee's or permittee's mother's maiden name.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Signature: _____

Print Name: _____

Date: _____

DO NOT WRITE IN THIS SPACE:

DATE RECEIVED: _____

APPROVED: _____

DISAPPROVED: _____

SIGNED: _____

TITLE: _____

DATE: _____