



MIAMI-DADE COUNTY, FLORIDA  
DEPARTMENT OF REGULATORY AND ECONOMIC  
RESOURCES  
11805 SW 26<sup>th</sup> Street (Coral Way)  
Miami, Florida 33175  
(786) 315-2000  
CONTRACTOR LICENSING SECTION  
(786) 315-2880 Fax (786) 315-2450

## CONSTRUCTION TRADES QUALIFYING BOARD CONTRACTOR LICENSING INSTRUCTIONS FOR CONTINUING EDUCATION COURSE APPROVAL

**NOTE:** CONTINUING EDUCATION SPONSORS MUST BE APPROVED BY THE MIAMI-DADE COUNTY CONSTRUCTION TRADES QUALIFYING BOARD AS A PREREQUISITE TO SUBMITTING A COURSE FOR BOARD APPROVAL. IT IS ACCEPTABLE TO SIMULTANEOUSLY SUBMIT A CONTINUING EDUCATION SPONSOR APPLICATION ALONG WITH ONE OR MORE CONTINUING EDUCATION COURSE APPROVAL APPLICATIONS.

BEFORE SUBMITTING THIS APPLICATION TO THE BOARD, REVIEW THE APPLICATION TO ENSURE THAT ALL SECTIONS ARE COMPLETED. **PLEASE NOTE:** ONE (1) COURSE PER APPLICATION.

**STATUTORY AUTHORITY:** Chapter 10 of the Code of Miami-Dade County

**FEE:** The fee for reviewing each individual Continuing Education Course application is \$25 per credit hour, the maximum fee for each course is \$100. Course approval is valid for two years from the date of approval. **MAKE CHECK PAYABLE TO: DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES.**

**APPLICATION DEADLINE:** All Continuing Education Course Approval Applications must be received no later than thirty days prior to the next upcoming Board meeting in order for the application to be placed on the agenda.

**COURSE EXPIRATION:** The continuing education course approval is valid for two (2) years from the date of approval.

### **COMPLETION OF APPLICATION FORMS:**

**PART I:** This section is for information regarding the **course sponsor** and the **contact person**. **Note: The Board will only recognize one (1) contact person for each sponsor and will only correspond with that individual.**

## INSTRUCTIONS FOR CONTINUING EDUCATION COURSE APPROVAL CONTINUED

**PART II:** This section is for information regarding any individuals or business entities with ownership or interest in the course sponsor. If there are no individuals or business entities that are entitled to revenues from the course sponsor, please type N/A on the first line only. (**NOTE:** Attach additional lists if necessary.)

**PART III:** This section is for information regarding the course that you are requesting the Board to approve. In addition to the information requested on the application, you must submit the following items:

- 1) Resumes for each instructor.
- 2) A Course Syllabus that lists the following: (See specifics below)
  - A) Course Title
  - B) Course Time Table
  - C) Course Description
  - D) Course Objectives and Goals
  - E) Method of Course Presentation
  - F) Method of Evaluation of Course Participants
  - G) Qualifications of Course Instructors
  - H) Topical Outline of the Course

Submit all information and material relevant to the Course you are requesting to be approved. Failure to submit requested information will result in a delay or possible denial of your application.

The following criteria for continuing education were approved by the Board and will be used in evaluating your courses:

- A) Course Title:** List the course title, as it is to appear on all advertisements.
- B) Course Time Table:** Outline the approximate schedule for the course including breaks. Each course offering must specify the total number of classroom hours and non-classroom hours required for continuing education credit. (**Note:** One (1) Continuing Education Hour = Fifty (50) Minutes of Instruction.)
- C) Course Description:** The course description must relate to the inspection and technical skills required of certificate holders; and/or relate to a specific category as defined in Chapter 10 of the Code of Miami-Dade County.
- D) Course Objectives or Goals:** The specific behavioral objectives should state what the tradesman or contractor should be able to demonstrate when he/she has successfully completed the course. It should describe the intended objective clearly enough to preclude misinterpretation.
- E) Method of Course Presentation:** The method of presentation must describe how the course content will be presented, for example, lecture, discussion, multimedia, presentations, etc.
- F) Method of Evaluation of Course Participants:** The evaluation must describe the technique that will be used to measure the course participants' achievements.

INSTRUCTIONS FOR CONTINUING EDUCATION COURSE APPROVAL CONTINUED

**G) Qualifications of Course Instructors:** Instructors assigned to teach the course must meet one of the following criteria:

1. Any person with a four-year college degree or graduate degree is qualified to teach any course in their field of study.
2. A Miami-Dade County certified or registered contractor with at least five (5) years experience may teach any technical course regarding contracting within the scope of the contractors' license.
3. Any qualified authority may teach courses within area of expertise.

**NOTE: LIST ANY AND ALL EXPERIENCE TEACHING, CONDUCTING OR COORDINATING INSTRUCTIONAL AND/OR CONTINUING EDUCATION CLASSES.**

**H) Topical Outline of the Course:** The topical outline is a general outline of the order in which the course subject matter will be presented to the course participants.

**PART IV: Sponsor contact affidavit.** Statement regarding the accuracy of the information submitted.

**CONSTRUCTION TRADES QUALIFYING BOARD  
CONTRACTOR LICENSING  
CONTINUING EDUCATION COURSE APPROVAL**

<b>FOR OFFICE USE ONLY</b>		
PAID PROCESS # _____	DATE <u>  </u> / <u>  </u> / <u>  </u>	BOARD SECRETARY _____
APPROVED [ <input type="checkbox"/> ] REJECTED [ <input type="checkbox"/> ]		
COMMENT/REASON _____		
SIGNED _____ BOARD MEMBER, CTQB DIVISION _____ DATE: <u>  </u> / <u>  </u> / <u>  </u>		

**PART I. CONTINUING EDUCATION SPONSOR DATA:**

CONTACT'S NAME:	LAST 4 DIGITS OF SOCIAL SECURITY #:
SPONSOR NAME:	
MAILING ADDRESS:	
street	city
zip	
TELEPHONE #	Federal Tax ID #
E-Mail Address	Fax #
Have you ever been approved as course provider of continuing education courses by the Florida Construction Industry Board or Electrical Contractors Licensing Board? YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ] Provider Number _____	

CONTINUING EDUCATION COURSE APPROVAL FORM CONTINUED

**PART II: OWNERSHIP DATA:** List names and addresses of entities, persons or business/companies which are entitled to receive revenues from the continuing education sponsor.  
Use additional sheets as necessary. **IF THIS SECTION IS NOT APPLICABLE, PLEASE INDICATE N/A.**

INDIVIDUAL/COMPANY NAME:			
ADDRESS:			
STREET		CITY	STATE
TELEPHONE #:		SOCIAL SECURITY #	
FEDERAL TAX ID #:			

**PART III. COURSE DATA:**

**COURSE TITLE:** \_\_\_\_\_

**HOURS OF CREDIT REQUESTED:** \_\_\_\_\_ (Note: One (1) Continuing Education Hour = Fifty (50) Minutes of Instruction).

**TARGET AUDIENCE:**

- Contractors
- Masters
- Journeymen
- Maintencemen

**LOCATION OF CLASSES:** \_\_\_\_\_

**COURSE INSTRUCTORS:** \_\_\_\_\_

**COURSE DESCRIPTION:** \_\_\_\_\_

Are you approved by State of Florida Construction Industry Licensing Board and/or Electrical Contractors Licensing Board as a Provider? YES  NO  Provider Number \_\_\_\_\_

Are you registered/approved by the Miami-Dade County Construction Trades Qualifying Board as a sponsor? YES  NO  Miami-Dade County Sponsor Number \_\_\_\_\_

Has this course been approved by the State of Florida Construction Industry Licensing Board or Electrical Contractors Licensing Board for State Contractors to attend for Continuing Education? YES  NO   
**Course Number:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_  
**Course Provider Number:** \_\_\_\_\_

**PART IV. SPONSOR CONTACT AFFIDAVIT:**

THIS SECTION IS TO BE SIGNED BY THE SPONSOR CONTACT PERSON IN THE PRESENCE OF A NOTARY PUBLIC.

**I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I AGREE THAT ANY MISREPRESENTATION OF MATERIAL FACTS HEREIN WILL RESULT IN SPONSORSHIP REVOCATION IN MIAMI-DADE COUNTY.**

**SIGNATURE OF SPONSOR CONTACT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC:

SIGN: \_\_\_\_\_ CHECK ONE \_\_\_\_\_ PERSONALLY KNOWN TO ME

PRINT: \_\_\_\_\_ \_\_\_\_\_ PRODUCED IDENTIFICATION  
TYPE OF ID PRODUCED \_\_\_\_\_