



MIAMI-DADE COUNTY, FLORIDA
DEPARTMENT OF REGULATORY AND ECONOMIC
RESOURCES

11805 SW 26th 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
SPONSOR APPROVAL**

NOTE: THIS APPLICATION IS TO BE USED FOR CONTINUING EDUCATION SPONSOR APPROVAL. ONLY REGISTERED SPONSORS MAY SUBMIT COURSES TO THE BOARD FOR APPROVAL. ALL APPLICATIONS FOR APPROVAL OF CONTINUING EDUCATION COURSES MUST BE SUBMITTED ON THE CONTINUING EDUCATION COURSE APPROVAL APPLICATION.

BEFORE SUBMITTING THIS APPLICATION TO THE BOARD, REVIEW THE APPLICATION TO ENSURE THAT ALL SECTIONS ARE COMPLETED.

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

FEE: The application fee for applying as a Continuing Education Sponsor is \$200.00. **MAKE CHECK PAYABLE TO: DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES.**

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

SPONSOR EXPIRATION: The course sponsor registration is valid for two (2) years from the date of issue.

INFORMATION CHANGES: The Sponsor must submit to the Board, in writing, notice of any changes in the original sponsor registration. Such notification must be made within thirty (30) days following the date the change became effective.

REQUIRED RECORDS: Each Sponsor must maintain the following records:

- 1.) The time, date and place each course is conducted.
- 2.) The name, address and qualifications of each instructor who teaches any portion of the course.
- 3.) The name, address and social security number of each person registered for the course.
- 4.) The original sign-in sheet used at the site of the course to register persons who attend each course.
The sign-in sheet shall require every person to print their name, list their Miami-Dade County license number or social security number and sign their name.
- 5.) The course syllabus used for the course.

INSTRUCTIONS FOR CONTINUING EDUCATION SPONSOR APPROVAL CONTINUED

- 6.) Each person who completes a course shall be issued a certificate of completion by the course sponsor. The certificate of completion shall contain the sponsor number, course number, name and social security number of the person who completed the course.
- 7.) The records must be maintained for at least three years following the date the course is conducted.
- 8.) Each course sponsor shall provide the Board with copies of any of these required records, upon request by the Board.

COURSE ADVERTISEMENT: A course sponsor may not advertise a course as one approved by the Board for continuing education until such approval is granted by the Board. A course sponsor may not include any false or misleading information regarding the contents, instructors or number of classroom hours of any course approved by the Board.

COMPLETION OF APPLICATION FORMS:

PART I: Sponsor data. 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.**

PART II: Ownership data. 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: Sponsor contact affidavit. Statement regarding the accuracy of the information submitted.

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

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

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 SPONSOR APPROVAL 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	ZIP
TELEPHONE #:		SOCIAL SECURITY #		
FEDERAL TAX ID #:				

PART III. 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 _____