



APPLICATION FOR
FLORIDA WATER WELL CEU
 COURSE APPROVAL

Forward completed application postmarked no later than 45 days prior to the earliest date of the course to:

Florida Water Well Administrator
Attn: Course Approvals
325 John Knox Rd Ste L103
Tallahassee, FL 32303
Phone (850) 205-5641 Fax (850) 222-3019

PLEASE NOTE – THIS INFORMATION WILL BE POSTED ON THE FLWWCEU.ORG WEB SITE

SECTION I *(Please print or type)*

Provider Name _____ Provider Number _____

Provider Telephone Number(s) _____

Course Title _____ Fee to attend? Yes No

This is a New Course Repeat of Previously Offered Course

Course Level Basic Intermediate Advanced

SECTION II

Course Location (please include specific address)	Course Date/Time	Anticipated Number of Attendees
_____	_____	_____
_____	_____	_____

List Course Instructors and Attach Qualifications/Resume	Course Section Title
_____	_____
_____	_____

A CEU is defined as one hour of classroom time with a minimum of 50 minutes of instruction.
 No coursework approval will be given for less than one (1) unit.

Please indicate the number of course hours _____, Describe the course below or attach the course summary/outline.

SECTION III

I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

 Print or type name of authorized representative Signature of authorized representative Date

For Office Use Only:

Safety/Business Practice _____	Rules/Regulations _____
Date Received: _____	Approval Date: _____
Expiration Date: _____	Reviewed By: _____
	Assigned Course Number: _____ - _____ - _____