



APPLICATION FOR CONTINUING EDUCATION COURSEWORK APPROVAL FLORIDA WATER WELL CONTRACTOR CONTINUING EDUCATION PROGRAM

Please mail or email the completed application to: **Florida Water Well Administrator**
Florida Water Well Contractor Continuing Education Program
Attn: Coursework Approval
325 John Knox Rd Ste L103
Tallahassee, FL 32303
Email: info@flwwceu.org; Phone 850-205-5641; Fax 850-222-3019

The Administrator shall approve or deny all applications for coursework within fourteen (14) business days from receipt. Some or all of the information in this application may be posted on the Florida Water Well Contractor Continuing Education Program website: FLWWCEU.ORG

SECTION I: PROVIDER INFORMATION *(Please print or type)*

Name: _____ ID Number: _____
Work phone: _____ Cell: _____ Email: _____
Course Title: _____ Fee? Yes No
Course Level: New Course Repeat of Previously Offered Course Basic Intermediate Advanced

SECTION II: COURSE INFORMATION AND INSTRUCTOR QUALIFICATION

Date: _____ Time: _____ Anticipated Attendance: _____
Location: _____
Address: _____

Instructor(s) Name <i>(Attach Qualifications/Resume Separately)</i>	Course or Section Title
_____	_____

Coursework Outline: Please attach a detailed coursework outline and presentation timeline. The Administrator shall determine the number of coursework hours and the coursework type (rules/well construction practices or business/safety practices) as set forth in the Water Well Contractor Continuing Education Manual. Continuing Education Credit or "CEC" means completion of one (1) hour [at least fifty (50) minutes] of approved coursework training or instruction that has been converted to a CEC by the Administrator or the Department. Coursework shall not be less than one (1) CEC.

SECTION III: AUTHORIZATION

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

_____	_____	_____
Print or type name of applicant	Signature of authorized representative	Date
For Office Use Only:	_____ Business/Safety Practices	_____ Rules/Well Construction Practices
	Date Received: _____	Approval Date: _____/Denial Date: _____
	Expiration Date: _____	Course Number: _____
	Reviewed By: _____	