

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Accountancy**  
**Continuing Education Provider and Ethics Course Approval Application**  
**Form # DBPR CPA 10**

**IMPORTANT – Submit all items as indicated by the instructions below with your application to ensure faster processing.**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

**APPLICATION FEES**

- |                          |   |                     |
|--------------------------|---|---------------------|
| <input type="checkbox"/> | <b>Continuing Education Ethics Provider – New</b>     | <b>(No Fee)</b>     |
| <input type="checkbox"/> | <b>Continuing Education Ethics Provider – Renewal</b> | <b>(No fee)</b>     |
| <input type="checkbox"/> | <b>Continuing Education Ethics Course – New</b>       | <b>\$250.00 fee</b> |
| <input type="checkbox"/> | <b>Continuing Education Ethics Course – Renewal</b>   | <b>\$250.00 fee</b> |

*Make check payable to the Florida Department of Business and Professional Regulation.*

**Please mail your completed application, application fee and required documentation to:**

Department of Business and Professional Regulation  
2601 Blair Stone Rd  
Tallahassee, FL 32399

**Eligibility Questions** (Continuing Education Ethics Course Application)

**Answer**

Does your course include a review of Chapters 455 and 473, F.S., and the related administrative rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your course qualify for four CPE credits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**1) General Requirements**

- a) To maintain provider and course status in good standing, providers must adhere to the requirements outlined in s. [455.2178](#), F.S., and [Chapter 61H1-33](#), F.A.C.
- b) Provider and course approval is valid for the biennium during which the application was received and approved. The biennium for continuing education ethics providers and approved courses ends on June 30<sup>th</sup> of each odd-numbered year. For instance, if your provider status or course is approved on January 1, 2017, it will expire on June 30, 2017; if it was approved on July 1, 2017, it will expire on June 30, 2019.

**2) Ethics CPE Provider Application Requirement**

- i) **Provider Status:** A continuing education ethics provider must be a:
  - (1) Regionally Accredited Educational Institution;
  - (2) Commercial Educator;
  - (3) Governmental Agency;
  - (4) State or National Certified Public Accounting Professional Association;
  - (5) Certified Public Accountant who has not been disciplined by the Board; OR
  - (6) Certified Public Accounting Firm.

**3) Continuing Education Ethics Course Application Requirements**

- a) Have submitted an ethics provider application prior to submitting this application (if this is your initial submission)
- b) Pay \$250 non-refundable application fee

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board's website under [Statutes and Rules](#).

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Accountancy**  
**Continuing Education Provider and Ethics Course Approval Application**  
**Form # DBPR CPA 10**

**APPLICATION TYPES**

If you are not a current ethics provider, check boxes 1 and 3.

If you are a current ethics provider, and you are looking to add an additional course, check box 3.

If you are a current ethics provider, and you are looking to renew your approved course, check boxes 2 and 4.

**Note:** You will have to submit a separate application for each course that you would like approved.

**Select all that apply:**

- |   |             |                     |
|---|-------------|---------------------|
| <input type="checkbox"/> Continuing Education Ethics Provider – New     | [0106/1030] | <b>no fee</b>       |
| <input type="checkbox"/> Continuing Education Ethics Provider – Renewal | [0106/2020] | <b>no fee</b>       |
| <input type="checkbox"/> Continuing Education Ethics Course – New       | [0107/1030] | <b>\$250.00 fee</b> |
| <input type="checkbox"/> Continuing Education Ethics Course – Renewal   | [0107/2020] | <b>\$250.00 fee</b> |

**APPLICANT INFORMATION**

Fill out each section completely. Do not use any nicknames, aliases, or initials. Note: a social security number/FEIN is required.

Are you an approved continuing education provider with any board within the Department of Business and Professional Regulation?

Yes  No

If you answered “yes” to the above question, enter your current Provider Number (if applicable):

Last/Surname	First	Middle	Suffix
--------------	-------	--------	--------

Company/Organization Name

Social Security Number\* (if applying as individual)

Federal Employer ID Number (if applying as company/organization)

**CONTACT INFORMATION**

Primary Phone Number

Primary E-Mail Address

Authorized Representative (First, Last and Title)

**PHYSICAL ADDRESS**

Street Address

City

State

Zip Code (+4 Optional)

County (if in Florida)

Country

**MAILING ADDRESS**

If your mailing address is the same as your physical address, write, “Same as above” in the space provided for the street address.

Street Address

City

State

Zip Code (+4 Optional)

County (if in Florida)

Country

\* The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



**PROVIDER ELIGIBILITY STATUS**

Select the option that best describes either you or your organization. If you are applying as a Certified Public Accountant or Certified Public Accounting Firm, enter your license number in the space provided.

- Regionally Accredited Educational Institution  
 Commercial Educator  
 Governmental Agency  
 State or national Certified Public Accounting Professional Association  
 Certified Public Accountant License Number: \_\_\_\_\_  
 Certified Public Accounting Firm License Number: \_\_\_\_\_

**Applicants must submit the following additional materials:**

- A description of the ethics course  
 A description of your staffing capabilities  
 All course materials, to include your final exam and answer key  
 A list of anticipated locations and dates you plan to conduct the courses  
 A complete course curriculum (table of contents)  
 A description of how you will update the course in response to rule or law changes  
 Documentation that ethics course instructors will notify the ethics course provider of any disciplinary action taken against the instructor by the Board

**Course Information**

Course Name: \_\_\_\_\_  
 Contact Hours: \_\_\_\_\_ Course Method:  Live Study  Self-Study

**AFFIRMATION BY WRITTEN DECLARATION**

Each applicant or authorized representative must sign and date the affirmation by written declaration.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature:

Date:

Print Name: