

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Application for Initial and Continuing Education Provider Approval
Form # DBPR BAR 8

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Initial and Continuing Education Course Provider	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Pay \$250 fee. (Make check payable to the Department of Business and Professional Regulation.)

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0780

Instructions

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.

1. General Requirements for Barbering Initial and Continuing Education Course Provider Application

- a. To maintain provider status in good standing, providers must adhere to all provider requirements outlined in Rule 61G3-16.0092, Florida Administrative Code, and Section 455.2178, Florida Statutes.
- b. All portions of the application must be completed.
- c. Fee: \$250. (Make check payable to the Department of Business and Professional Regulation.)

2. Application Instructions (by section)

- a. Section I
 - i. Check only one of the application types.
 - ii. Initial and Continuing Education Provider - Individual
 - (1) Select this application type if you are an individual applying to be an Initial and Continuing Education Provider.
 - iii. Initial and Continuing Education Provider - Organization
 - (1) Select this application type if you are an organization applying to be an Initial and Continuing Education Provider.
- b. Section II
 - i. Fill out each section completely.
 - ii. In the "APPLICANT INFORMATION" area, individual applicants must use their name as it appears on his or her Social Security card. Do not use nicknames or initials.
 - iii. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
 - iv. Businesses applying to be a provider must provide a Federal Identification number.
 - v. If the applicant is an approved continuing education provider with another board within the Department of Business and Professional Regulation, please indicate such and list the provider approval number.
- c. Section III
 - i. Please read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

3. Other Information

- a. Course providers shall not advertise a course as approved for continuing education credit from the Florida Barbers' Board until the course has been approved by the board and a course number has been assigned.

- b. Approved course numbers and course titles should be used in all advertisements.
- c. Any substantive changes regarding the provider's application information must be filed with the department within 30 days of the change.
- d. Providers should supply a course completion certificate to all students upon completion of the course whether the course be a pre-licensure course or a continuing education course.
- e. Provider approval is valid until May 31 of odd-numbered years and must be renewed.
- f. Providers are responsible for renewing each course prior to the course expiration date.
- g. Providers must work with licensees to resolve reporting conflicts.
- h. If a course is approved for pre-licensure HIV/AIDS requirements, it is also approved for continuing education credit.

Refer to Rules 61G3-16.009, 61G3-16.0091, and 61G3-16.0092, Florida Administrative Code, for additional information regarding provider and course requirements.

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Application for Initial and Continuing Education Provider Approval
Form # DBPR BAR 8

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**.
For fees and additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> Initial and Continuing Education Provider - Individual [0306/1030]
<input type="checkbox"/> Initial and Continuing Education Provider - Organization [0306/1030]

Section II – Applicant Information

APPLICANT INFORMATION <i>(Provider/Owner)</i>			
Last/Surname	First	Middle	Suffix
Company/Organization Name			
Social Security Number (if applying as an Individual)*			
Federal Employer ID Number (if applying as an Organization)			
GENERAL IDENTIFICATION			
Is provider approved by any other board within the Department of Business and Professional Regulation to provide continuing education?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the provider approval number?			
MAILING ADDRESS			
Company Name			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
BUSINESS LOCATION ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		



Section II – Applicant Information- continued

CONTACT INFORMATION			
Last Name (Authorized Representative) First	Middle	Title	Suffix
Primary Phone Number	Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number	Fax Number		
Alternate E-Mail Address			

* 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.

Section III – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>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.</p>	
Signature	Date
Print Name	