

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF DRIVER LICENSES  
BUREAU OF DRIVER EDUCATION AND DUI PROGRAMS**

**APPLICATION FOR PROVIDER STATUS**

This application is NOT for approval of INDIVIDUAL events. It is to be used to apply for PROVIDER STATUS ONLY.

Please **TYPE or PRINT CLEARLY IN BLACK INK** all items listed below. Incomplete applications will not be accepted. If more space is needed to answer the questions, please attach and clearly label additional sheets of paper to the back of this application.

**PLEASE NOTE:** Your organization must meet the criteria established by the DUI Programs Section.

**I. GENERAL INFORMATION**

Name of Organization or Individual: \_\_\_\_\_.

Address: \_\_\_\_\_.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_.

Continuing Education Director: \_\_\_\_\_.

Telephone Number: \_\_\_\_\_  
Area Code/Number

Do you currently hold provider status with any organization?  Yes  No

If yes, please list those organizations and the provider status numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. REQUIRED ATTACHMENTS**

The following items **MUST** be attached to this application.

1. Three sample procedures in narrative form, outlines, agendas and/or brochures of training events you/the organization has conducted in the last five years.
2. A sample program evaluation form to be used by your organization if you do not wish to use the one provided by this office. If the form provided by this office will be used, please indicate that in writing.
3. A summary of the organizational structure for the administration of continuing education courses in your organization, including an employee chart indicating where the continuing education director fits into the organization.

*I certify that the information provided is accurate, and that, if approved, I agree to abide by the requirements set forth in the guidelines established by the DUI Programs Section for ALL continuing education programs presented for certified DUI personnel by this organization.*

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date