

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

**INDIVIDUAL TRAINING EVENT**

The event submitted must adhere to the GUIDELINES FOR ADVANCED TRAINING to be eligible.

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION.

1. All information must be **printed in black ink or typewritten**.
2. Complete all sections.
3. Identify all attachments with your agency's name.
4. If more space is needed to answer the questions, please attach and clearly label additional sheets of paper to the back of this application.

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**SECTION I – IDENTIFICATION DATA**

1. Name of Organization Holding Provider Status: \_\_\_\_\_  
Do not use initials or abbreviations
2. Address: \_\_\_\_\_  
Box or Street  
\_\_\_\_\_  
City State Zip
3. Telephone Number: \_\_\_\_\_  
Area Code/Number
4. Name of individual submitting application: \_\_\_\_\_  
Last First M.I.  
Title \_\_\_\_\_

**SECTION II – OFFERING DATA**

1. Focus Area: \_\_\_\_\_
2. Title of Event: \_\_\_\_\_
3. Identify Target Audience: \_\_\_\_\_
4. Total Number of Contact Hours: \_\_\_\_\_
5. Date and Location of Event: \_\_\_\_\_
6. Name and Title of Identified Program Monitor/Track Dean: \_\_\_\_\_
7. Will persons who are not DUI certified be included in the audience for which the programs have been designed?  
 Yes       No

If yes, describe all categories of audience members for which the programs are designed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III – LEARNER OBJECTIVES AND RELATED AGENDA**

Describe the anticipated learner objectives in behavioral terms that are relevant to the DUI professional targeted. Describe subject matter from the agenda that corresponds to each objective.

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

**SECTION IV – TRAINING METHODOLOGY**

1. Maximum number of participants per training event: \_\_\_\_\_.
2. Number of primary trainers: \_\_\_\_\_ Number of assistants: \_\_\_\_\_.
3. What procedure will be instituted to ensure that participants attend all sessions? \_\_\_\_\_  
\_\_\_\_\_.
4. Pedagogical techniques utilized during training programs will include (please check all which apply):  
 lecture                       group discussion                       readings  
 written exercises                       role play
5. A/V equipment to be used: \_\_\_\_\_.
6. Other: \_\_\_\_\_.

**SECTION V – TRAINER PROFILE**

Please complete one form for each primary trainer, training assistant, and expert specialist. (Make additional copies if needed).

- primary trainer                       training assistant                       expert specialist

Name: \_\_\_\_\_.

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

Telephone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_.

Area Code/Number

\*Expert specialist provides limited training on a specific skill or subject area, i.e. breath testing instrument.

**Education**

degree _____	year obtained _____	major area _____.
degree _____	year obtained _____	major area _____.
degree _____	year obtained _____	major area _____.

**Experience**

Years of paid work experience in content area: \_\_\_\_\_.

Organization: \_\_\_\_\_.

Position Held: \_\_\_\_\_.

Dates of Employment: \_\_\_\_\_.

Number of Hours/Week: \_\_\_\_\_.

**Training Delivered in this Subject**

type	role played (primary trainer, trainer assistant, expert specialist)	date	city/state	name of contracting agency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional information (optional): \_\_\_\_\_.

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

**SECTION VI – CHECKLIST**

The following materials must accompany your application for certification:

- Complete program agenda, including the time allotted and instructor assigned for each topic/segment.
- Copy of the coursework materials (handouts, overlays, etc.)
- Copy of evaluation form to be used by participants.
- Completed profile form for each primary, assistant trainer, and expert specialist listed on the agenda.

**SECTION VII – VERIFICATION OF APPLICATION**

I certify that the information provided is accurate.

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

\_\_\_\_\_  
Date