**Ed**

Education Provider Single Source Application Form

The **Single Source** designation is for approval of a total curriculum package. It encompasses the complete number of hours required for certification, for one specific credential, as outlined in the ***Standards and Requirements Tables*** document for that credential. A separate application must be submitted for each Single Source designation sought.

The FCB requires that the curriculum being submitted for review has had at least one administration in the past year to a minimum of five learners. New, unpiloted curricula will not be reviewed.

Two fees apply to this application – the **Application Review** fee and the **FCB Approved Provider** fee. The Application Review fee is tiered depending upon the the amount of time needed by the FCB to review full curriculum package. The Biennial FCB Approved Provider fee ($200) authorizes the Approved Provider to use the Single Source designation and offer continuing education units for a two-year period. This fee is renewed every two years.

For those organizations or individuals that are currently FCB Approved Providers, the fee for the Single Source Application Review is the **only fee required**.

Please check all that apply.

|  |  |
| --- | --- |
| **Applying for:** | **Enclosed:** |
| Single Source Provider (new applicant) | $300 Application Review Fee  (0 – 50) hour curriculum) |
| Single Source Provider (existing FCB Approved Provider) | $400 Application Review Fee  (75 – 200) hour curriculum) |
|  | $500 Application Review Fee  (250 – 350) hour curriculum) |
|  | $200 FCB Approved Provider Biennial  Fee |

**Please indicate the credential for which you are seeking the Single Source provider designation: ­­­­­­­­­­­­­­­­­­­­**Click here to enter text.

#### SECTION A: IDENTIFICATION DATA

**Please complete the following before submitting this application:**

1. Complete all sections by typing the information in the appropriate places. Handwritten applications will not be reviewed.
2. Identify all attachments with your agency's name.
3. Submit the application, including all attachments (hard copy or electronic). **KEEP A COPY FOR YOUR RECORDS.**
4. This application will not be processed without the related fee(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Individual Submitting Application:** | | |  | | |
| **Title/Position:** |  | | | | |
| **Name of Organization:** |  | | | | |
| **Address:** | | | | | |
| **City:** | | | | State: | Zip Code: |
| **Business Phone:** | | | | Fax Number: | |
| **Email:** | | | | Website URL: | |
| **Are you FCB Certified**?  Yes  No | | **Credential(s):** | | | |

There shall be a designated person assuming responsibility for continuing education offerings. The designated person is responsible for maintaining all standards required of FCB Education Providers.

Is the individual who is submitting the application the designated Contact Person for your organization?

Yes  No If No, then please complete Section B: Contact Person on the next page.

**Check the box to indicate for whom will you be providing educational events:**

The Public  Employees and the Public  Employees only  Students (academic setting) **Your organization can best be described as a:**

Addiction Service Agency

Child Welfare Agency

Mental Health Agency/Hospital

Stand-alone Case Management Agency

Other Healthcare Facility

Licensed DUI Program

Private Training /Education Institution

Private Practitioner

University/College/Community College

Government Agency

**Please check the training format for the curriculum you are submitting.** (check all that apply**)**

Traditional training/face-to-face events

Online courses:

Instructor-led

Self-paced

Other, please describe:

# Note: Homestudy courses are no longer allowed.

# SECTION B: CONTACT PERSON

(if different from the individual submitting the application)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Individual Submitting Application:** | | |  | | |
| **Title/Position:** |  | | | | |
| **Name of Agency:** |  | | | | |
| **Address:** | | | | | |
| **City:** | | | | State: | Zip Code: |
| **Business Phone:** | | | | Fax Number: | |
| **Email:** | | | | Website URL: | |
| **Are you FCB Certified**?  Yes  No | | **Credential(s):** | | | |

# SECTION C: PLANNING AND DEVELOPMENT

Please describe the structure, policies and procedures that demonstrate that your organization has the ability to provide effective educational events, professional development, and continuing education opportunities for FCB's applicants and certified populations. You may provide a narrative, copies of existing policies and procedures, and samples of work products as necessary and appropriate for each category.

### TYPE YOUR RESPONSE DIRECTLY UNDER EACH QUESTION.

### For current FCB Approved Providers, please complete the Curriculum Package portion

### of Section C ONLY.

### Organizational Overview

Please describe, in detail, the following:

1. Please identify and describe your organization. How long has it been in business?
2. What is the purpose/mission of your organization?
3. If your primary mission is not training delivery, please indicate how many years the agency has been

offering training events.

1. What type of training do you offer and how are training events delivered? Please describe all delivery formats you employ.
2. Submit a position description or statement which describes the necessary qualifications, authority, and responsibility for the administrator of the training program. Who currently holds this position?

### Curriculum Package

The Single Source designation is for a total curriculum package, encompassing the complete number of hours required for certification, for one or more specific credentials. Please describe, in detail, the following:

1. Which curriculum package are you submitting for approval?
2. How did you determine which courses to offer?
3. How do you ensure that course content is relevant, current, and accurate?
4. Has the curriculum been offered at least once in the past year? Show evidence and outcomes.
5. How do you ensure that the trainer(s) is/are qualified to deliver the course content?
6. How do you evaluate the effectiveness of delivered courses? Submit a copy of your evaluation form(s).
7. What is your process for quality assurance/quality improvement of courses?

##### Administration

Please describe, in detail, the following:

1. How do you announce training events?
2. What records do you maintain regarding course registration, participation, and delivery?
3. How do you respond to complaints or grievances from training participants?

# SECTION D: CURRICULUM SUMMARY

**You must submit all instructional materials for the full curriculum package and use the table below to describe the curriculum content and how it relates to one FCB credential.**

**CURRICULUM TABLE:** Detail how you matched the FCB required training hours and training content for this curriculum. Attach supporting documents for review. Indicate:

1. The Domain name for the training content and the number of hours in that domain that are required for certification.
2. The training topics associated with that Domain, the number of hours allotted for each section of your training, and the format in which the training is offered to the learner.
3. The name and location of the training materials (attached for review or online).For online courses, you must provide access for review of courses.

Please complete all of the data fields by typing directly into the table. If needed, add additional rows for more than the 5 domain rows provided.

|  |  |  |
| --- | --- | --- |
| FCB Credential: | | |
| CONTENT AREAS | **CURRICULUM TRAINING TOPICS, HOURS and FORMATS** | **CURRICULUM MATERIALS PROVIDED** |
| Content Domain 1:  Hours Required: |  |  |
| Content Domain 2:  Hours Required: |  |  |
| Content Domain 3:  Hours Required: |  |  |
| Content Domain 4:  Hours Required: |  |  |
| Content Domain 5:  Hours Required: |  |  |
| (ADD OTHER ROWS AS NEEDED) |  |  |

# SECTION E: AFFIDAVIT

My signature below certifies that I have read the information on this application and the information supplied is true and correct. I understand misinformation will result in revocation of my provider status. I agree to abide by the requirements set forth by the Florida Certification Board for all continuing education programs offered by my organization.

I further consent to an audit or interview by FCB Board/Staff member if deemed necessary by the FCB.

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**Signature:** **Date:**

## **Please print, sign, and email or mail this application and supporting documentation to:**



The Florida Certification Board

1715 S. Gadsden Street

Tallahassee, FL 32301

Attention: Education Provider Application Specialist

[](http://outlookrepairhelp.com/wp-content/uploads/2013/10/img_univMail.jpg)

Email to LaTonya Randolph at **lrandolph@flcertificationboard.org**