

**APPLICATION for SPONSOR APPROVAL:**

Course Developer Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

**Course Developer Type (check one that applies):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Government Agency   | <input type="checkbox"/> Individual           | <input type="checkbox"/> Other (describe)<br>_____ |
| <input type="checkbox"/> College/University  | <input type="checkbox"/> Consultant           | _____  |
| <input type="checkbox"/> Technical Institute | <input type="checkbox"/> School District      | _____  |
|  | <input type="checkbox"/> Industry Association |  |

**Accreditation Category (check the one that applies to you):**

- Nationally or State Accredited Institution of Higher Learning
- International Association for Continuing Education and Training (IACET) Authorized Provider
- Certified Environmental Trainer (CET)
- None of the above three categories

**What types of instructional materials do you generally use? (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Lesson Plan        | <input type="checkbox"/> Instructor's guide |
| <input type="checkbox"/> Student Workbook   | <input type="checkbox"/> Student handouts   |
| <input type="checkbox"/> Hands-on Equipment | <input type="checkbox"/> Computers          |

**What course delivery methods do you use or plan to use? (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lecture             | <input type="checkbox"/> Distance Education | <input type="checkbox"/> Demonstrations   |
| <input type="checkbox"/> Group Participation | <input type="checkbox"/> Hands-on exercises | <input type="checkbox"/> Other (describe) |

Briefly describe your methods or procedures:

1. Qualify course instructor or developers:

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2. Assess achievement of course objectives (e.g. written or oral examinations, written or oral reports, skill exercise, demonstrations), including your proposed assessment criteria (e.g. completion of a test, completion of a written report or project, observation of problem-solving exercises, demonstration of hands-on activity):

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3. Provide learning support to participants (particularly for distance education); and

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4. Schedule and advertise training courses.

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Briefly describe your record keeping procedures to:

1. Track course registrations:

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2. Verify and Track student attendance (supply sample student tracking form);
3. Issue satisfactory course completion to students (supply sample certificate of completion);
4. Conduct post-activity course or program evaluation (supply sample evaluation form).

Has your program been approved, previously? If so, describe and provide references.

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- Are you a state accredited school district?  Yes  No
- Are you an authorized IACET provider?  Yes  No
- Are you a certified environmental trainer (CET)?  Yes  No
- Are you a nationally accredited institution of higher learning  
such as a college, university, or technical school?  Yes  No
- Are you approved in other states for training courses?  Yes  No

Training Program Details: please provide details to the following:

1. Brief history of the organization or training program.
2. Organization's primary activity.
3. Number of people involved in your training program (e.g. instructors, support staff).
4. Estimate of students involved in your training program (in-house operators, support staff).
5. Mission statement, goals, and philosophy on continuing education.
6. Internal written policy, standards and procedures for training activities, including, as a minimum, the methods for:
  - Evaluating and approving course content.
  - Ensuring consistency when multiple instructors and/or developers are used.
  - Evaluating and approving instructional methods.
  - Evaluating courses and instructors, conducting course audits, and implementing improvements.
  - Establishing and implementing review procedures that ensure continuing education and training activities meet FDEP criteria.
  - Establishment and implementation of recordkeeping and reporting to FUSE of course completions.

Certification:

I certify that I have read the FDEP Manual for Approving Continuing Education Courses for Operator Licensing and FUSE Procedure for Becoming a Training Sponsor and agree to abide by those responsibilities and guidelines. I am aware that any failure to abide by those guidelines may result in the termination of my training sponsor approval to offer courses and that all course approvals will be simultaneously withdrawn.

Applicants Signature: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agent for (e.g. government agency, institution, school district):

\_\_\_\_\_  
Date: \_\_\_\_\_

**Instructions:**

All course applications, supplemental requirements, and/or course completion rosters shall be uploaded on the FUSE website: [www.fuse.ws](http://www.fuse.ws)

All applications and details are illustrated on the website, for further details contact: [edgarwilliam@bellsouth.net](mailto:edgarwilliam@bellsouth.net)

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website: [www.fuse.ws](http://www.fuse.ws)

Updated: 10.06.2021