

Workers' Compensation and Workplace Safety Webinar Registration Form

The Form May Either Be E-mailed to BocSeminars@MyFloridaCFO.com Or Faxed to 850-413-1987

1. NAME OF INDIVIDUAL ATTENDING (As you want it to appear on the Certificate of Completion)

First	Initial	Last	Suffix (Jr. Sr.)

2. BUSINESS INFORMATION:

Business Name:			
Street Address:		City:	State:
Telephone Number	Fax Number	E-Mail Address:	
-	-		

**3. LICENSE INFORMATION:(For CEU Purposes with DBPR – CILB; DBPR – ECLB; or DBPR – Board of Accountancy)
Department of Business and Professional Regulation (DBPR) Board Issuing License:**

<input type="checkbox"/> Construction Industry Licensing Board	<input type="checkbox"/> Electrical Contractors Licensing Board	<input type="checkbox"/> Board of Accountancy
CILB Provider Number: 0004354	ECLB Provider Number: 0004684	Provider #: 0004354
Workers' Compensation Course # 609341; Workplace Safety Course # 609342; 1 CEU Awarded for Each Course	Workers' Compensation Course # 800543; Workplace Safety Course # 800544; 1 CEU Awarded for Each Course	WC Course #0015516 WPS Safety Course # 0015515 1 CEU Awarded for Each Course
Type of License:		License #:
Name of License Holder:		Effective Date:
		Expiration Date:

Successful completion of a TEST immediately following the class is required for processing of the CEU with the CILB or the ECLB.

4. PLEASE IDENTIFY THE WEBINAR(S) FOR WHICH YOU ARE REGISTERING:

	Topic:	Date:	Time:(ET)		Topic:	Date:	Time: (ET)
<input type="checkbox"/>	Workers' Compensation	July 13, 2016	2:00 – 3:00 pm	<input type="checkbox"/>	Workplace Safety	July 14, 2016	2:00 – 3:00 pm
<input type="checkbox"/>	Workers' Compensation	August 3, 2016	2:00 – 3:00 pm	<input type="checkbox"/>	Workplace Safety	August 4, 2016	2:00 – 3:00 pm
<input type="checkbox"/>	Workers' Compensation	September 7, 2016	2:00 – 3:00 pm	<input type="checkbox"/>	Workplace Safety	September 8, 2016	2:00 – 3:00 pm
<input type="checkbox"/>	Workers' Compensation	October 5, 2016	2:00 – 3:00 pm	<input type="checkbox"/>	Workplace Safety	October 6, 2016	2:00 – 3:00 pm
<input type="checkbox"/>	Workers' Compensation	November 9, 2016	2:00 – 3:00 pm	<input type="checkbox"/>	Workplace Safety	November 10, 2016	2:00 – 3:00 pm
<input type="checkbox"/>	Workers' Compensation	December 7, 2016	2:00 – 3:00 pm	<input type="checkbox"/>	Workplace Safety	December 8, 2016	2:00 – 3:00 pm

A separate form is required for each person attending the Webinar, although, you may submit one form for multiple Webinars.
Please Write Clearly and Complete the Form as Applicable. Thank you