

REGISTRATION OF COURSE PROVIDERS

Per F.S. 741.0305

WHO IS ELIGIBLE TO BECOME A PREMARITAL COURSE PROVIDER?

- 1) A psychologist licensed under F.S. Chapter 490.
- 2) A clinical social worker licensed under F.S. Chapter 491.
- 3) A marriage and family therapist licensed under F.S. Chapter 491.
- 4) A mental health counselor licensed under F.S. Chapter 491.
- 5) An official representative of a religious institution which is recognized under F.S. Chapter 496.404(23), if the representative has relevant training.

WHERE DO I REGISTER?

Providers should register in person at the Clerk of Circuit Court, 419 Pierce Street, Room #140, Tampa, FL 33602 or by mail Clerk of Circuit Court, P.O. Box 3249, Tampa, FL 33601. You can also fax your affidavit and proof of certification to 813.276.2114.

WHAT DO I NEED TO REGISTER?

An affidavit form which is available in the Clerk's office: One for each individual provider. A copy of providers Certificate of Ministry, Ordination or Medical License.

- 1) Complete and notarize the affidavit. (The provider is providing in writing attesting to the provider's compliance with the premarital preparation course requirements as set forth in this section and including the course instructor's name and qualifications.)
- 2) Provide a copy of your license, the license number, if any, or, if an official representative of a religious institution, a statement as to relevant training.
- 3) The affidavit shall also include the addresses and telephone numbers where the provider may be contacted.

WHAT HAPPENS AFTER YOU RECEIVE MY AFFIDAVIT?

- 1) The original affidavit and attachments will be kept in a file and a copy will be placed in a three-ring binder for public view.
- 2) A copy will be faxed to the satellite offices for their use; satellite offices will also keep a binder for provider affidavit.
- 3) The applicant that shows a certificate of completion of a premarital course will receive a reduction in the cost of the marriage license and eliminate the three day waiting period before they can get married.

THE PREMARITAL PREPARATION COURSE MAY INCLUDE INSTRUCTION REGARDING:

- 1) Conflict management
- 2) Communication skills
- 3) Financial responsibilities
- 4) Children and parenting responsibilities
- 5) Data compiled from available information relating to problems reported by married couples who seek marital or individual counseling.
- 6) The course should be no less than four hours and can be taken no more than a year prior to the date of application.
- 7) *Each premarital preparation course provider shall furnish each participant who completes the course with a certificate of completion specifying the name of the participant and date of completion and whether the course was conducted by personal instruction, videotape instruction or instruction via other electronic medium, or by a combination of these methods.*

AFFIDAVIT OF INSTRUCTOR

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Before me the undersigned authority personally appeared _____ who, being duly sworn, deposes and says:

1. I have met all the requirements for a Premarital Course Provider under Section 741.0305 and as such am qualified to serve as a Premarital Course Provider.
2. As an instructor, my qualifications and license number (if any) are included and attached hereto and made a part hereof. (Note: If an instructor is an official representative of a religious institution, then his/her relevant training must be included.)
3. Provide counseling to same gender couples: Yes _____ or No _____.
4. At the conclusion of the Premarital Course, all course participants will be issued a Certificate of Completion in compliance with the requirements set forth under Chapter 741.
5. _____ may be contacted at the following address(es):

1st Address

2nd Address (Optional)

Phone: _____

Phone: _____

Fax: _____

Fax: _____

5. The above statements are true and shall take effect upon the signing of this affidavit.

Signature _____

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____,
by _____, who is personally known to me or has produced _____
as identification.

(SEAL)

Signature of Notary

Printed Name of Notary Public

Commission Number:
Commission Expiration Date: