Birth Through Five Florida Child Care Professional Credential Training Program

I, Fred Hawkins, President
Print Name of Person Legally Responsible for the Organization — *Person's Title*

South Florida State College
Name of Training Program

hereby attest that the information provided to the Department of Children and Family Services on the "Birth Through Five Florida Child Care Professional Credential Training Program Provider Application", CF-FSP Form 5191, and all supporting documentation provided with this application is truthful and correct and will be strictly enforced by the applicant. I understand that falsification of application information is grounds for termination as an approved FCCPC Training Program Provider by the Department and that this application may be withdrawn at any time I so desire.

By signing below, I am indicating that all the information provided on this application between annual anniversary dates based on the signature date on this application will be immediately submitted in writing to the address below.

I understand that this attestation page must be completed, signed, dated and submitted to the address below by the anniversary date based on the signature date of this application annually.

The Children's Forum
Child Care Training and Accreditation Provider Evaluation Services
2807 Remington Green Circle
Tallahassee, Florida 32308

I understand that failure to comply with the above is grounds for termination as an approved FCCPC Training Program Provider by the Department.

BY SIGNING BELOW, I HEREBY ATTEST THAT ALL THE INFORMATION GIVEN WITHIN THIS APPLICATION IS COMPLETE AND ACCURATE.

Signature of the Person Legally Responsible for the Organization

11/7/23
Date