



Checklist for Master Florida Certified Election Professional/Vendor Graduation

_____ Complete all 30 Florida Certified Election Professional Courses

_____ Submit by May 1st deadline

_____ Check for \$150.00 for graduation costs made payable to:

FSASE, Inc.
P.O. Box 350
Tallahassee, FL 32302

_____ Complete the Application for Graduation

_____ Confirm name on the Application for Graduation

Submission Instructions: Please complete the application for admittance, scan and email the completed application to: FSASE.FCEP@gmail.com



Application for Graduation Master Florida Certified Election Professional/Vendor

Name: _____
(As to appear on graduation materials)

Title: _____

Check the applicable Master designation: MFCEP: _____ MFCEV: _____

Employer: _____

Office Address: _____

Phone: _____ Fax: _____

Email: _____

By completing and submitting this form you are certifying that you have completed the required 30 Florida Certified Election Professional courses.

Signature: _____ Date: _____

For Office Use Only:

Date Received

Check Received

30 Course Complete

Grad Materials Ordered