

Louisiana Real Estate Appraisers Board  
State of Louisiana  
Office of the Governor

JEFF LANDRY  
GOVERNOR



TAYLOR F. BARRAS  
COMMISSIONER OF ADMINISTRATION

APPLICATION FOR REAL ESTATE APPRAISAL  
QUALIFYING/CONTINUING EDUCATION COURSE APPROVAL

\_\_\_\_\_ Qualifying Education

\_\_\_\_\_ Continuing Education

INITIAL EDUCATION PROVIDER FEE - \$125.00

COURSE REVIEW/APPROVAL FEE - \$35.00

I. PROVIDER INFORMATION

1. Name of Applicant/Organization Requesting Approval: \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. City, State, Zip Code: \_\_\_\_\_
4. Mailing Address (*if different from Business Address*): \_\_\_\_\_
5. City, State, Zip Code: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_
7. Fax Number: \_\_\_\_\_
8. Email Address: \_\_\_\_\_

Type of Organization:  Proprietorship  Corporation  Partnership  Non-Profit  Other (Please list)

If licensed as a Louisiana corporation or partnership, please attach a copy of duplicate Certificate of Incorporation or Certificate of Partnership Registry as registered with the Secretary of State's office. If licensed as an out-of-state corporation or partnership wishing to do business in Louisiana, attach a copy of duplicate Certificate of Authority or Certificate of Partnership Registry as registered with the Louisiana Secretary of State's office. Note: This applies only to those organizations conducting educational services in the State of Louisiana.

9. Name and Email Address of Director/Administrative Officer authorized to act on behalf of your entity: \_\_\_\_\_

**LA REAL ESTATE APPRAISERS BOARD**

*Qualifying/Continuing Education Course Approval (Rev. 01/24)*

Page 2 of 2

10. Are your course offerings currently approved for real estate appraiser qualifying/continuing education in any other jurisdiction?  YES  NO  
(If yes, please list) \_\_\_\_\_

**II. COURSE INFORMATION**

Type of Training:  Seminar  Conference  Course  Distance Education

11. Course Title: \_\_\_\_\_

12. Length of Course in Clock Hours (excluding exam, breaks, etc.): \_\_\_\_\_

13. Number of Credit Hours Requested: \_\_\_ Qualifying Education \_\_\_ Continuing Education

Presentation Method:  Written Material  Audio/Visual  Combination  Other \_\_\_\_\_

14. List any Prerequisites of Admission: \_\_\_\_\_

15. Method used to Verify Course Attendance: \_\_\_\_\_

16. Who will Maintain Attendance Records: \_\_\_\_\_

17. Briefly explain your program’s objectives and include, with this application, a detailed course outline and any additional materials that will enable the board to more effectively evaluate your program: \_\_\_\_\_

Attendance Fees: \_\_\_\_\_ Registration Fees \_\_\_\_\_ Tuition \_\_\_\_\_ Other (i.e., books, tapes)

Refund Policy: \_\_\_\_\_

I certify that all information contained in this application, including all supplementary information submitted for the purpose of obtaining approval to offer courses for real estate appraiser qualifying/continuing education credit, is true and correct to the best of my knowledge. I agree to comply with all regulations of the board governing real estate appraisal education course providers. I understand that any changes in the information/materials originally submitted to the board for review must be reported at least thirty (30) days prior to the proposed offering, and that all attendance records must be retained for not less than three (3) years.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Louisiana Real Estate Appraisers Board  
State of Louisiana  
Office of the Governor

JEFF LANDRY  
GOVERNOR



TAYLOR F. BARRAS  
COMMISSIONER OF ADMINISTRATION

APPLICATION FOR REAL ESTATE APPRAISAL  
QUALIFYING/CONTINUING EDUCATION COURSE APPROVAL

\_\_\_\_\_ Qualifying Education

\_\_\_\_\_ Continuing Education

INITIAL EDUCATION PROVIDER FEE - \$125.00

COURSE REVIEW/APPROVAL FEE - \$35.00

III. INSTRUCTOR INFORMATION

1. Name: \_\_\_\_\_
2. Physical Address: \_\_\_\_\_
3. City, State, Zip Code: \_\_\_\_\_
4. Mailing Address (*if different from Physical Address*): \_\_\_\_\_
5. City, State, Zip Code: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_
7. Fax Number: \_\_\_\_\_
8. Social Security Number: \_\_\_\_\_
9. Date of Birth: \_\_\_\_\_
10. Teaching Credential(s): (Attach copies)
  - Type: \_\_\_\_\_  
State: \_\_\_\_\_
  - Type: \_\_\_\_\_  
State: \_\_\_\_\_

Licenses/Certificates Held:  Certified Residential Appraiser  Certified General Appraiser

Licensed Appraiser  Real Estate Broker  Real Estate Salesperson  Other \_\_\_\_\_

**LA REAL ESTATE APPRAISERS BOARD**

*Qualifying/Continuing Education Course Approval Instructor Information (Rev. 09/23)*

Page 2 of 3

11. Academic Training: List below and furnish evidence of degrees earned.

- College/University: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Degree/Diploma: \_\_\_\_\_
- College/University: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Degree/Diploma: \_\_\_\_\_

12. Teaching Experience:

- Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Subject(s) Instructed: \_\_\_\_\_  
Number of Hours Per Week: \_\_\_\_\_  
Date(s) of Course Instruction: \_\_\_\_\_
- Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Subject(s) Instructed: \_\_\_\_\_  
Number of Hours Per Week: \_\_\_\_\_  
Date(s) of Course Instruction: \_\_\_\_\_

13. List any other type of instruction, lecturing, etc. you have done: \_\_\_\_\_

---

14. Has a diploma, certificate, teaching credential, application, or license held by you ever been denied, suspended, or revoked?  YES  NO  
(If yes, please attach a detailed explanation)

**LA REAL ESTATE APPRAISERS BOARD**

*Qualifying/Continuing Education Course Approval Instructor Information (Rev. 09/23)*

Page 3 of 3

I certify that the foregoing information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date