

Louisiana Real Estate Appraisers Board  
9071 Interline Avenue  
Baton Rouge, LA 70809  
1-800-821-4529 (Statewide) or 225/925-1921 (Extension 241)

**Application for Real Estate Appraisal  
Qualifying/Continuing Education Course Approval**

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

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

**Part I - Provider Information**

Name of Applicant/Organization Requesting Approval \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

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, please 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.)

Name of Director/Administrative Officer authorized to act on behalf of your entity \_\_\_\_\_

Are your course offerings currently approved for real estate appraiser qualifying/continuing education in any other jurisdiction?

Yes     No (If yes, please list) \_\_\_\_\_

**Part II - Course Information**

Type of Training:     Seminar     Conference     Course     Distance Education

Course Title \_\_\_\_\_

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

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

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

List any prerequisites of admission \_\_\_\_\_

Method used to verify course attendance \_\_\_\_\_

Who will maintain attendance records? \_\_\_\_\_

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.

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

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

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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

\_\_\_\_\_  
Date

**Part III - Instructor Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Teaching Credential(s): Type \_\_\_\_\_ State \_\_\_\_\_  
(Attach copies)

Type \_\_\_\_\_ State \_\_\_\_\_

Licenses/Certificates Held:  Certified Residential Appraiser  Certified General Appraiser  Licensed Appraiser  
(Attach copies)

Real Estate Broker  Real Estate Salesperson  Other (list) \_\_\_\_\_

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Academic Training - List below and furnish evidence of degrees earned.

Name & Address of College/University \_\_\_\_\_

Dates Attended \_\_\_\_\_ Major/Minor \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Name & Address of College/University \_\_\_\_\_

Dates Attended \_\_\_\_\_ Major/Minor \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

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Teaching Experience:

Name & Address of Organization \_\_\_\_\_

Subject(s) Instructed \_\_\_\_\_

Number of Hours Per Week \_\_\_\_\_ Date(s) of Course Instruction \_\_\_\_\_

Name & Address of Organization \_\_\_\_\_

Subject(s) Instructed \_\_\_\_\_

Number of Hours Per Week \_\_\_\_\_ Date(s) of Course Instruction \_\_\_\_\_

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

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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)

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I certify that the foregoing information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date