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.

Attendance Fees:  □ Registration  □ 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

__________________________________________________________
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) ____________________________

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 ____________________________

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 ____________________________________________

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)

I certify that the foregoing information is true and correct.

_________________________________________  ____________________________
Signature     Date