

Louisiana Real Estate Appraisers Board
P. O. Box 14785
Baton Rouge, LA 70898-4785
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.

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