

REAL ESTATE CONTINUING EDUCATION COURSE APPROVAL OF APPRAISER QUALIFYING COURSES APPLICATION

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- This application may also be used to RENEW the courses below if you have had them previously approved for real estate continuing education.
- The non-refundable fee of \$25 per course must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using the enclosed credit card authorization form. Do not send cash.
- No secondary location fees will be necessary for this application since such fees are collected through the Appraisal Qualifying Program. However, list all locations where courses will be conducted.
- Annual registration period runs from January 1st through December 31st. **Appraiser courses must be registered with the Appraisal Qualifying Program in order to be approved as real estate continuing education.**
- **In order to receive credit for any course, students must meet the attendance requirement and pass the final examination as required under the appraiser qualifying program.**
- All instructors must be approved real estate and appraiser instructors.
- No classes may begin until final approval is granted.

PLEASE INDICATE THE COURSE(S) YOU WANT TO REGISTER. If renewing an existing course, please indicate course code approval number.

60 HOUR COURSE: [] JG-7C_____

30 HOUR COURSE(S): [] JR-5C_____ [] JR-6C_____ [] JR-9C_____ [] JG-4C_____ [] JG-5C_____ [] JG-6C_____ [] JG-8C_____

20 HOUR COURSE(S): [] JRE-1M_____ [] JRE-2M_____

15 HOUR COURSE(S): [] JR-7M_____ [] JR-8M_____ [] JR-10M_____ [] JR-11M_____ [] GE-1M_____ [] GE-2M_____

[] JGE-3M_____ [] SMF-M_____ [] USPAP_____

SCHOOL NAME _____

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

E-MAIL ADDRESS (IF ANY) _____

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot hold a real estate license or appraiser license/certification)

PRINT NAME _____

SIGNATURE OF COORDINATOR _____

SIGNATURE _____

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BUSINESS PHONE NUMBER _____

E-MAIL ADDRESS (IF ANY) _____

DATE _____

FOR OFFICE USE ONLY EFFECTIVE DATE: ___/___/___ EXPIRATION DATE: ___/___/___ ENTERED: ___/___/___ BY: _____ LABEL []
FEE RECEIVED: _____ TO REVENUE: ___/___/___ APPROVAL MAILED: ___/___/___ RECEIPT #: _____

A fee of \$20 will be charged for any check returned by a bank for insufficient funds.