



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Bureau of Educational Standards  
P.O. Box 22001  
Albany, NY 12201-2001  
(518) 486-3803  
www.dos.ny.gov

## Preliminary Appraiser Continuing Education Course Approval Application For Distance Learning Courses

### PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » This application is completed by schools that wish to have the content of a course reviewed prior to developing the computer program. Upon review of the course outline, a letter will be sent to the school indicating approval or denial of course content. If the outline is approved for course content, the school **must** then contact IDECC ([www.idecc.org](http://www.idecc.org)); telephone (334) 260-2902 - must ask for IDECC) for certification of the course design and delivery mechanism. Once IDECC certification is obtained, the school may then submit a completed course approval application, proof of IDECC certification, appropriate fee, copy of the preliminary approval letter and any other required documentation.
- » There is a minimum of two hours of instruction and a maximum of 28 hours of instruction.
- » Attach to application: A detailed course outline with time sequence.

### What is the title and length of this course?

TITLE \_\_\_\_\_ HOURS \_\_\_\_\_

### EDUCATIONAL ORGANIZATION DATA

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

COORDINATOR'S NAME (Person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) \_\_\_\_\_ BUSINESS TELEPHONE ( ) \_\_\_\_\_

E-MAIL ADDRESS (if any) \_\_\_\_\_

Does this individual hold a New York State Real Estate Appraiser License/Certification? **YES** **NO**

HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE  
USE ONLY

APPROVED: \_\_\_/\_\_\_/\_\_\_ DENIED: \_\_\_/\_\_\_/\_\_\_ MAILED: \_\_\_/\_\_\_/\_\_\_ RETURNED: \_\_\_/\_\_\_/\_\_\_ ENTERED: \_\_\_/\_\_\_/\_\_\_