

| Committee Recommendations |  |  |  |  |  |
|---------------------------|--|--|--|--|--|
| Approved D Not Approved   |  |  |  |  |  |
| Date:                     |  |  |  |  |  |
| Reviewed By:              |  |  |  |  |  |

## Appraiser Application for Course Approval Classroom and Online Continuing Education

All Online Continuing Education Courses Must Be AQB and IDECC Approved. AQB and IDECC Approval Letters Must Be Attached.

| Information Required to be attached to Application:             |                 |                              |      |  |  |
|---|-----------------|------------------------------|------|--|--|
| Course Materials (Attach only hard copies or flash drives.)     |                 |                              |      |  |  |
| □ Timed Course Outline  |                 |                              |      |  |  |
| □ Attendance Certificate  |                 |                              |      |  |  |
| □ Instructor Bio/Resume   |                 |                              |      |  |  |
| AQB or IDECC Approval Letter (If Provider Applied for Approval) |                 |                              |      |  |  |
|   |                 |                              |      |  |  |
| Applicant Information:  |                 |                              |      |  |  |
| Name of Licensee:   |                 | License or Certification No: |      |  |  |
| Address:  | City:           | State:                       | Zip: |  |  |
| Email address:  | Phone No:       |                              |      |  |  |
| <b>Provider Information:</b>                                    |                 |                              |      |  |  |
| Organization Name:  |                 |                              |      |  |  |
|   |                 |                              |      |  |  |
| Address:  | City:           | State:                       | Zip: |  |  |
| Email address:  | Phone No:       | Fax No:                      |      |  |  |
| Course Sponsor:   |                 |                              |      |  |  |
|   |                 |                              |      |  |  |
| Course Title:   | Date of Course: |                              |      |  |  |
| Course Location:  |                 |                              |      |  |  |
| Continuing Education Course: Hours Requested:                   |                 |                              |      |  |  |
| Is this an Online Course?                                       |                 |                              |      |  |  |
|   |                 |                              |      |  |  |

## Please Attach Required Documentation

Signature: I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I understand that omission, inaccuracy or failure to make full disclosure constitutes grounds for denial pf appraisal continuing education approval. I also understand that the awarding of credit for such activities is based solely on the West Virginia Real Estate Appraiser Licensing & Certification Board.

Name of Applicant (Please Print)

Applicant's Signature

Date

OFFICE USE ONLY: Date Received: