

West Virginia Real Estate Appraiser Licensing & Certification Board 405 Capitol Street, Suite 906 Charleston, WV 25301

Phone: 304.558.3919

Email: wvappraiserboard@wv.gov

## Asynchronous (Distance) Education Course Application Internet ONLY

## Qualifying/Continuing Education

All courses, providers, and instructors must be approved by the WVREALCB prior to any advertising or promotion.

Provider may advertise a course submitted for approval prior to approval by including a plain, visible statement that the course has not yet been approved by the WVREALCB.

## Application must be received in the board office at least thirty (30) days prior to initial offering. All Qualifying Courses and Continuing Education Courses Must Be AQB Approved.

A non-refundable application fee of \$60.00 per course must be submitted with each application. It is recommended that each application be submitted individually with separate checks. Multiple applications may be submitted in one envelope. For faster processing, limit physical paper to the application and provide the supplemental documents in a USB flash drive.

Mail check or money order, payable to WV Appraiser Board, and application to PO Box 40267, Charleston, WV 25364.

NOTE: The Board office cannot accept payments of any kind. The Post Office box will not accept FedEx, UPS, or other delivery services.

## SUBMIT APPLICATION, FEE, AND ALL REQUIRED ATTACHMENTS TOGETHER.

- Continuing Education Courses must be a minimum of three (3) hours. Course approval will expire on the AQB expiration date.
- Qualifying Education Course Approval will expire on the AQB expiration date.

Failure to renew an on-line course on or before the AQB expiration date will result with automatic withdrawal.				
Information Required to be attached to				
☐ Course description and objectives ☐ Copy of AQB letter and, if applicable, copy of AQB ☐ Timed outline or timed syllabus of course design	☐ Course materials and, if gir secondary course provider agreem ☐ Description of the methods	ven, Exam and Answer Key. (Facent s of record maintenance	Hard copies or flash drives only.)	
☐ Sample of attendance certificate ☐ If applicable for the 15-Hour Qualifying USPAP Co ☐ User ID and Password:		on certificate	d for EACH instructor/presenter	
Provider Information:				
Organization Name: Person authorized to act for provider:				
Address:	City:	State:	Zip:	
Email address:	Phone No:	Fax No:		
Course Information: Please check one:   Internet   Webinar				
Course Title:	I	Date(s) to be offered:		
1) Qualifying Education Course: AQB Hours  If the qualifying course is also approved for Continuing Education: Number of approved hours:  2) Continuing Education Course: AQB Hours:				
Course Materials Required:			τ,	
Required Textbook (if any): Title:				
Required Materials (if any):	*• B4	n	A. Dandard.	
Office Use Only: Check No: Depos	IT NO:	Da	ate Received:	



Fee: \$60.00

Instructor Information: REQUIRED FOR EACH INSTRUCTOR/PRESENTOR					
Instructor Name:	Address:				
☐ Licensed Residential ☐ Certified Residential					
If applicable, USPAP certified instructor ID Numb	er	Expiration Date:			
Instructor must meet at least one of the following criteria  Hold a license or certification in West Virginia or in a past ten (10) years directly related to the subject matter to	ny other state at the level to	be taught and have five (5) years appraisal experience within the			
☐ Hold a license or certification in West Virginia or in a past the (10) years in the subject matter to be taught.	ny other state at the level to i	be taught and have five (5) years of teaching experience within the			
☐ Have five (5) years of teaching experience within the p taught.	east ten (10) years in the subj	iect matter to be taught and pass an examination at the level to be			
☐ Have five (5) years appraisal experience within the pathe level to be taught.	st ten (10) years directly relo	ated to the subject matter to be taught and pass an examination at			
☐ Hold a baccalaureate or higher degree in a field directly related to subject matter to be taught and pass an examination at the level to be taught.					
☐ Be a full-time faculty member at a college or university teaching a credit course in appraising.					
national USPAP instructor training course and examine equivalent, successfully complete the 7-hour national USF or her USPAP teaching credential, and be a state certified	ation adopted by the Appro AP update course and exam	rse, the instructor must have successfully completed the 15-Hour visal Qualifications Board of The Appraisal Foundation, or its ination, or its equivalent, every two years in order to maintain his			
Attendance and Record Keeping Policies:					
Attendance /Identity Verification Method (please describe):					
Are records located at the Provider address?	Name of Verifier of Attendance:  Are records located at the Provider address?   Yes  No: Where?				
Name of Record Keeper:	1 es 🗀 No. Where:				
Affirmation		<del></del>			
The applicant hereby acknowledges that the following requi	rements will be complied wi	th:			
<ul> <li>The course title, instructor(s), date(s), and location</li> <li>The Board must be notified in writing of any course course content should change at any time, a new</li> <li>Each participant who meets the attendance require</li> </ul>	as(s) stated on the application se changes including instruct w application must be submement will be issued a complete.	n and its attachments will be the only ones approved.  or(s) and course content at least 10 business days in advance. If the nitted.  etion certificate at the end of the course or seminar.			
the following:		he course and attendees for FIVE years. These records shall include			
Name of the course, instructor(s), and a descript					
<ul> <li>Number of hours approved for qualifying and/or</li> <li>Name, address, and signature of person who will</li> </ul>	I verify the attendance of each	ch person enrolled.			
<ul> <li>Name and address of each person enrolled in each Clock hours when each certificate holder was in</li> <li>Variable to the holder was in the control of th</li></ul>	attendance.	and the second s			
	hin thirty days after the co	ourse is taken, Include name, license number, address, name of			
course, approved hours, date of completion, loc	ation, and instructor name	<b>2</b> /			
In signing this application, the applicant hereby consents to	the inspection or monitoring	of this course.			
I certify that all statements contained herein are true and the understand that any false statement on this form or in any attention.	nat nothing has been withhel tached materials may subject	d which would influence a complete evaluation of this offering. I me to loss of course approval, if granted.			
Name of Applicant Acting for Provider (Please Print)	Applican	nt's Title			
Applicant's Signature	Date				