



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
<https://dos.ny.gov>

Appraiser Continuing Education Course Approval Renewal Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- The non-refundable fee of **\$25** 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 a credit card authorization form. Do not send cash.
- A non-refundable fee of **\$25** must be submitted for each additional location.
- Attached is a list of all out of state locations. No fee required.
- Annual registration period runs from January to December 31st.
- All instructors must be approved.
- No classes may begin until final approval is granted.

WHAT TYPE OF COURSE DO YOU WANT TO OFFER?

- ☐ Classroom Instruction ☐ Distance Learning (Asynchronous) ☐ Live Distance Education (Synchronous with Instructor)
- ☐ Check box if you are submitting this course for approval to satisfy the Fair Housing/Fair Lending requirement

PLEASE INDICATE THE COURSE CODE NUMBER, HOURS AND TITLE.

Code#: _____ Course Hours: _____

TITLE:

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

CLASSROOM COURSES ONLY 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

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to study material or procedures for taking attendance?

☐ Yes* ☐ No If Yes*, attach explanation of change

2. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be Real Estate Appraiser.)

PRINT NAME

PRINT NAME

SIGNATURE

SIGNATURE

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3. Do you intend to offer this course in a distance learning format?

☐ Yes* ☐ No If Yes*, attach copy of current IDECC approval.

***Approval of this course is based on IDECC approval. Failure to maintain IDECC approval will result in revocation of course approval.**

I affirm that in accordance with standards set forth in regulation and federal guidelines, all National USPAP courses offered by my school will be taught by an instructor who has been certified as a "Certified USPAP instructor" by the Appraisal Qualifications Board of the Appraisal Foundation and who, in addition, is either a certified residential real estate appraiser or a certified general real estate appraiser.

4. Do you intend to offer this course in a Live Distance Education format?

☐ Yes* ☐ No If Yes*, attach a copy of current description of design and delivery format of course.

SIGNATURE OF COORDINATOR

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BUSINESS PHONE NUMBER

DATE

E-MAIL ADDRESS (if any)

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.