NEW YORK STATE OF OPPORTUNITY.

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

Supervisory Appraiser/Trainee Appraiser Course Approval Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLIC ATIONS WILL BE RETURNED.

- All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- 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.
- Annual registration period runs from October 1st through September 30th.
- Attach to application: a detailed course outline with time sequence and other items listed on Page 2 of this application.
- If you want to offer as a computer based course, IDECC must certify the course design and delivery mechanism. Proof of IDECC certification must be submitted with this course approval application. Approval of this course is based on IDECC approval. Failure to maintain IDECC approval will result in revocation of course approval.
- Live Distance Education courses require additional information as indicated in section 159.1.

1. WHAT TYPE OF COURSE DO YOU WANT TO OFFER?

[ ] Classroom Instruction [ ] Distance Learning (Asynchronous) [ ] Live Distance Education (Synchronous with Instructor)

2. EDUCATIONAL ORGANIZATION DATA

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY STATE ZIP+4

E-MAIL ADDRESS (IF ANY)

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

( )

E-MAIL ADDRESS (IF ANY)

DOES THIS INDIVIDUAL HOLD A NEW YORK STATE REAL ESTATE APPRAISER LICENSE/CERTIFICATION?

HOME ADDRESS (NUMBER AND STREET) TELEPHONE

( )

CITY STATE ZIP+4

3. PRIMARY COURSE LOCATION

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

CITY STATE ZIP+4

4. CLASSROOM COURSES ONLY SECONDARY LOCATIONS (Each location requires an additional fee of $25)

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

CITY STATE ZIP+4

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

CITY STATE ZIP+4

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

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OUT OF STATE LOCATIONS: *All out-of-state locations must be provided on a separate sheet. No fee is required for these locations.*

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

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5. TYPE OF EDUCATIONAL ORGANIZATION OWNERSHIP

PARTNERSHIP: (Please submit a copy of Partnership Agreement and complete the following for all Partners.)

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

CORPORATION: (Please submit a copy of the Certificate of Incorporation and complete the following for all officers and other individuals who own 5% or more of the stock of this corporation. If needed, attach additional sheets.)

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

6. Has any owner, partner, owner of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity been convicted of any crime or offense, other than a minor traffic violation?
[ ] Yes* [ ] No If Yes*, submit a certified copy of each conviction.

7. Has any license or permit issued to, applied for by any owner, partner, holder of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity, been denied, suspended or revoked by this state or elsewhere by any other governmental or regulatory body?
[ ] Yes* [ ] No If Yes*, please provide details.

Course Instructors: All instructors of approved courses must be approved with the Department of State. Applications for real estate appraiser instructor approval are available by request to the Division of Licensing Services, Bureau of Educational Standards. A one time evaluation and filing fee of $50 is required for each instructor's approval.

8. COURSE CONTENT - ALL OF THE FOLLOWING MUST BE SUBMITTED:

[ ] a detailed course outline with time sequence.
[ ] a description of materials that will be distributed in the course, including Real Estate Appraiser Licensing Criteria Matrix.
[ ] a listing of the books that will be utilized in the course.
[ ] a sample certificate of successful completion.
[ ] list of names and signatures of individuals authorized to sign certificates (cannot be a real estate appraiser).
[ ] proof of IDECC certification (if applicable).
[ ] additional documentation required for Live Distance Education courses (Section 159.1).
- description of design and delivery format of course
- description of design and delivery format of live proctored final examination

I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct.

I understand that any misstatement made on this application for approval could result in an immediate revocation or withdrawal of the recognition of the approval of the entity by the Department of State.

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.

Coordinator Signature **X**_____ *Date* _____