



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

COUNCIL ON REAL ESTATE APPRAISERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF EDUCATIONAL ACTIVITY

Enter Name and Address of Contact to Whom Response Should Be Mailed:

INSTRUCTIONS

When to Submit

Complete and submit this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Real Estate Appraisers license or certification in Delaware. The Council must approve all CE courses even if a course is AQB- or IDECC-approved. Either a Delaware-licensed or certified Real Estate Appraiser or a program provider may submit a request.

For full details on CE requirements, see Sections 2.3 – 2.15 of the Council's [Rules and Regulations](#). Courses that the Council has approved are listed on [Approved Education](#).

Documentation Required

- Submit completed request form.
- If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware-licensed or certified Real Estate Appraiser submits the request, no fee is required.***
- Enclose a detailed outline of the course offering. The outline must include the time spent on each topic. Also, explain the activity's educational objective and testing method (if any).
- If the course is AQB- or IDECC-approved, enclose proof of the approval.
- Enclose a current resume for each instructor.
- If the course is a USPAP course, submit proof of USPAP instructor approval/certification.
 - For all USPAP courses, the instructor must maintain current USPAP certification/approval by the AQB.

REQUESTER COMPLETES THIS SECTION

1. Requester (check one): Course Provider Delaware Licensee
2. If you are a Delaware-licensed Real Estate Appraiser requesting approval of a course, enter:
Your Name: _____ Delaware License #: X - _____
Phone: _____ Email: _____ @ _____
3. Enter the following information about the course provider:
Name: _____
Contact/CE Coordinator: _____ Email: _____
Address: _____
Street City State Zip code
Phone: _____ Fax: _____ Website URL: _____

REQUESTER COMPLETES THIS SECTION, Continued

4. Course Title: _____

Enclose a detailed outline of the course offering that includes time spent on each topic, educational objective and testing method (if any).

5. Program Type: Continuing Education Qualifying Education

6. Instruction Method: Classroom Online Other: _____

Has this program received AQB or IDECC approval? Yes No **If yes, submit proof of approval.**

7. Date(s) Offered: _____

8. List all course instructors:

Enclose a current resume for each instructor. If this is a USPAP course, submit the instructor's current AQB certification/approval.

INSTRUCTOR NAME	TITLE

9. Is a completion certificate or other proof of attendance supplied? Yes No

10. **Total Hours Requested (Excluding Breaks):** _____

Submit this request, fee (if applicable) and all supporting documentation to the Delaware Council on Real Estate Appraisers at the address above *no later than 60 days before the scheduled course offering.*
If you have questions, email: customerservice.dpr@state.de.us.

COUNCIL OFFICE COMPLETES THIS SECTION

Council Review Date: _____

Approved for _____ hours QE CE Approval expiration date: _____

If this course is approved by AQB and/or IDECC, the Delaware Council's approval is contingent on the provider maintaining the AQB and/or IDECC approval(s) for both the course and instructor(s).

Tabled - List reason(s) below. Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

Council Representative Signature: _____ Date: _____