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: _____________________________

Revised 1/2018
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.

<table>
<thead>
<tr>
<th>INSTRUCTOR NAME</th>
<th>TITLE</th>
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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: ________________