



State of Oklahoma REAL ESTATE APPRAISER BOARD

3625 N.W. 56th St, Ste 100, Oklahoma City, Oklahoma 73112
Phone: (405) 521-6636 Fax: 522-6909 Email: reabadmin@oid.ok.gov
Website: www.reab.oid.ok.gov

REQUEST FOR APPROVAL OF COURSE FOR CONTINUING EDUCATION CREDIT

SEE INSTRUCTIONS AT BOTTOM LEFT; ALL APPLICATIONS MUST INCLUDE PROPER REMITTANCE

Name and Address of Provider/Sponsor Submitting Course	Name and Telephone Number of Contact Person: Name: _____ Telephone: _____ Fax: _____ Email address: _____
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Course Title/Name: _____

Standing Course **If One-time or Limited-Period Seminar:**

One-time or Limited-Period Seminar **Date of Course:** _____ **Start Time:** _____

Primary Instructor: _____ **Location:** _____

City: _____

Method of Instruction <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Seminar <input type="checkbox"/> On-line <input type="checkbox"/> Other: _____	Method of Determining Successful Completion <input type="checkbox"/> Final Examination (or a series of examinations) – Proctored <input type="checkbox"/> Completed Text <input type="checkbox"/> Roster <input type="checkbox"/> Attendance Monitored by Sign-in/Sign-out Sheet <input type="checkbox"/> Other: _____
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Total Hours Requested: _____	Has this course been approved by the Appraiser Qualifications Board (AQB) Course Approval Program? <input type="checkbox"/> Yes. <input type="checkbox"/> No.
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Course Description: Describe General Content of Course: _____

Text References: Name Published Text(s) to be used: _____

Name & Signature of Individuals Authorized to Sign Certificates of Completion:

Name (Typed or Printed) ** _____
Signature

Name (Typed or Printed) ** _____
Signature

** Facsimile signatures acceptable.

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties."

Name (Typed or Printed) _____
Signature

Title: _____ Date: _____

- Use this form to request approval of courses for continuing education.**
1. Forward original form to OREAB. Do not fax.
 2. Attach *one* copy of the course outline that includes a time schedule, topics and learning objectives.
 3. Attach *one* copy of all course materials, including published textbooks and examinations to be used in this course.
 4. Submissions must be received at least five working days prior to a Board meeting or it will be held over until the following meeting.
 5. Course owners: attach AQB and IDECC approval letters.
 6. Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter.
 7. AQB approved course submittals must include a Twenty Dollar (\$20.00) non-refundable fee.
 8. Course submittals *not* approved by AQB must include a Fifty Dollar (\$50.00) non-refundable fee.

OREAB USE ONLY: APP _____ **COURSE** _____

Disapproved.

Approved for _____ hours of continuing education.

Course Expiration Date: _____

By: _____ **Approval Date:** _____

Check No.: _____ **Check Date:** _____