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:
Provider #: APP_____	Name: _____ Telephone: _____ Fax: _____ Email address: _____

Course Title/Name: _____

❑ **Standing Course**

❑ **One-time or Limited-Period Seminar**

If One-time or Limited-Period Seminar:

Date of Course: _____ **Start Time:** _____

Location: _____

Primary Instructor: _____

City: _____

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

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 seven business 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:** _____