



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
COUNCIL ON REAL ESTATE APPRAISERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR APPROVAL OF EDUCATIONAL ACTIVITY

GENERAL INFORMATION AND INSTRUCTIONS

To be approved, an activity must be an organized real estate appraiser related education experience offered under responsible sponsorship, capable direction, and qualified instruction. For complete information on continuing education (CE) requirements, see the Council's Rules and Regulations at dpr.delaware.gov.

- Complete the *Application for Approval of Educational Activity* form in its entirety. **Submit the following documentation:**
 - Detailed outline of the course offering. Explain the activity's educational objective and testing method (if any).
 - Current resume for each instructor.
 - If a USPAP course, proof of USPAP instructor approval/certification.
 - For all USPAP courses, the instructor must maintain current USPAP certification/approval by the AQB.
 - Proof of AQB or IDEC approval, if applicable.
- Mail the application form and enclosures to Council office at the address above.
 - To assure that an application will be on the Council's agenda, the Council office must receive the application *ten full business days* before the Council's [meeting date](#).
 - After the meeting, the Council office will notify the applicant in writing of the approval or denial of education credit.

INFORMATION ABOUT APPLICANT

1. Name of Person/Organization Submitting Application: _____
2. Applicant Is (check one): Course Provider or Representative Licensee/Certificate Holder
3. Mailing Address: _____
4. Phone: _____ Email: _____

COURSE PROVIDER INFORMATION

5. Name of Course Provider: _____
6. Address: _____
7. Program Director: _____ Title: _____
8. Phone: _____ Fax: _____ Email: _____

COURSE INFORMATION

9. Program Title: _____
10. Date(s) Offered: _____
11. Location Offered: _____
12. Instruction Method (e.g., classroom, online): _____
13. Program Type: Continuing Education Qualifying Education
14. Has this program received AQB or IDEC approval? Yes No **If yes, submit proof of approval.**
15. How many hours of education credit are you requesting? _____ (A credit hour is 50 minutes of instruction.)

Submit detailed outline of the course offering, including the activity's educational objective and testing method (if any).

INSTRUCTOR INFORMATION

16. Instructor Name(s): _____

Submit a resume for each instructor. If a USPAP course, submit instructor's current AQB certification/approval.

FOR COUNCIL USE ONLY:

Approved? Yes No Number of Hours Approved: _____ QE CE Approval expiration date: _____

Council Representative: _____ Date: _____