

Iowa Real Estate Appraiser Examining Board

PROVIDER APPLICATION

1. **PROVIDER NAME** _____
Name used on advertising materials

2. **BUSINESS ADDRESS** _____
Street City State Zip

3. Telephone: _____

4. E-mail address to contact you: _____

5. Person preparing application _____

6. Provider is a: 4 yr. College/University Community College Private School
Corporation Other

7. Evidence of compliance with or exemption from Iowa Code section 714.17 - 714.25 (Advertising & Selling Courses of Instruction in the State of Iowa) must be received before Commission approval can be granted. Call the Iowa College Aid Commission at 515/725-3400 or www.iowacollegeaid.gov for information and application forms.

8. Are you approved as an appraiser continuing education provider in other states?
Yes No If yes, specify state(s) _____

9. 193F-11.5(14) Coordinator. Each application for approval shall designate an individual as coordinator in charge of each program who shall be the contact with the Board. The coordinator is responsible for complying with Board rules relating to providers and submitting reports and information as may be required by the Board.

Name, email, and business address of coordinator:

10. 193E-11.5(18) Each approved provider shall establish and maintain for each individual student a complete, accurate and detailed record of instruction undertaken and satisfactorily completed in the areas of study prescribed by these rules. These records shall be maintained for a period of five years.

Name of person responsible for maintaining records and the physical address where the records will be stored:

11. What is your school policy regarding the following:

Refund policy? _____

Insufficient enrollment? _____

Inclement weather? _____

Procedure for monitoring attendance? 193F-11.2(7) and 193F-11.5(11)

12. Persons associated with the provider authorized to sign course completion certificates.

Printed Name

Signature

13. I certify that I have examined this application and that I am either the provider or person authorized by the provider to submit this application and that the information contained herein is true and correct. By the filing of this application, the above-named education provider agrees to comply with **all** rules of the Iowa Real Estate Appraiser Examining Board and to file all reports as required by the rules. I understand that approval to be an appraiser education provider may be withdrawn for noncompliance with the rules of the Iowa Real Estate Appraiser Examining Board.

Signature

Title

Date