

## **Provider Request for Education Course Approval**

DEPARTMENT OF RE	VENUE			<del></del>		
Name of Provider			Name of Contact			
Street or Other Mailing Address			Instructor			
City	State	Zip Code	Telephone Number	Fax Number		
			Email			
Course Title						
Course Objective						
Course Objective						
Intended Dates of Course Offering			Location (City, State, and Facility)			
Total Number of Classroom Hours Allocated for Instruction			Total Number of Classroom Hours Allocated for Exam			
I cer	tify that all information conta	nined in this request is true and ac	ccurate to the best of my knowledge.			
sign here Sign						
here Sign	ature		Title	Date		
Instructions						

This application must be filed with the Property Tax Administrator (PTA) by an education provider applying for approval of a continuing education course at least 90 days prior to the first scheduled course session. The PTA may waive the 90-day approval period. Courses offered by an approved provider that contribute to the maintenance and improvement of the quality of assessment and appraisal will be considered for approval.

## Please include the following with the above request:

- a. Detailed course outline or syllabus;
- b. All texts, workbooks, handouts, or other course material;
- c. Course examination (if applicable);
- d. Description of the procedure used for measuring and validating attendance;
- e. Copy of proposed certificate of completion, including course hours, course name, name of applicant, instructor or proctor, and dates of the course; and

f. Copy of student eva	aluation form for course and instructor.						
For Internal Use Only							
Date Received							
Approved Denied If denied, reason:	First Date Course May Be Offered  Course ID Number						
sign							
sign here Education Coordinator Signature	Date						
Property Tax Administrator Signatur	re						

Send completed form and attachments to: