



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

788 Fairview Drive, Suite 200 * Carson City, NV 89701-5453 * (775) 687-4280
2501 East Sahara Avenue, Suite 102 * Las Vegas, NV 89104-4137 * (702) 486-4033
e-mail: realest@govmail.state.nv.us http://www.state.nv.us/b&i/red/

APPRAISAL CONTINUING EDUCATION
ACCREDITATION APPLICATION

Please Print or Type.

Date: _____

1. Name of offering entity / sponsor: _____
2. Address: _____
3. Telephone: _____ Fax: _____
4. Name of person authorized to submit application: _____
5. Title of course: _____
6. Hours of Instruction: _____ Level of difficulty: Beginner Intermediate Advanced
7. Course or seminar objective. On completion of this course students will be able to: _____

8. Check subject classification: Residential General Both Ethics/Standards
Justification for "Ethics and Standards" designation: _____

9. A **detailed outline of the course** is required.
10. Attach **one copy** of student handouts or course material that will be given to each student.
11. Is the course accredited, approved, or offered by any appraiser commission, trade commission or the Appraisal Foundation? Yes No If "Yes," please explain (when, where, approval number)

12. Course or seminar will be given at (Location): _____
Date: _____ Fee: _____ Maximum number of participants: _____
13. The following items must be submitted with this application:
Attendance Certificate template sample
Proposed advertising
Statement of refund or cancellation policy
Course evaluation form

14. Procedure for verifying attendance and complying with attendance requirement is:
(minimum acceptable procedure is signing in at the beginning of the AM and PM sessions) _____

15. Attendance Certificate must contain all of the following:

Name of offering entity

Title of course or seminar

State approval number

Name and license number of participant

Date of instruction

Number of hours of instruction

Original signature of person authorized to sign for offering entity

Statement: **COURSE APPROVED BY THE NEVADA COMMISSION OF APPRAISERS**

16. List Instructor name(s) and attach Instructor Application: _____

17. The course application fee is \$50.00. Total amount enclosed: \$ _____

**** ALL TRANSACTIONS MUST BE PAID BY MONEY ORDER, CHECK OR EXACT
CHANGE ****

18. ■ I consent to auditing and/or evaluating by authorized representatives of the Real Estate Division.
■ I agree to report any material changes of the information contained in this application to the Real Estate Division prior to presenting the amended course.
■ I agree to retain attendance records for at least five years from the date of the offering for each participant.
■ I agree to provide totally completed certificates with original authorized signatures only students who have completed this course.
■ I agree to comply with the provisions of NAC 645C.

Submitted by:

Signature

Date

Print Name

Applications should be sent to:

*Appraisal Officer
Nevada Real Estate Division
Capitol Complex
788 Fairview Drive, Suite 200
Carson City, NV 89701-5453
(775) 687-6428*

***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
THE COURSE APPLICATION FEE IS NON-REFUNDABLE.***



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APPRAISER
INSTRUCTOR APPLICATION

1. Instructor Approval Requested for: Pre-License Instructor NAC 645C.230
 Continuing Education NAC 645C.330
2. PROOF OF QUALIFICATION **MUST BE ATTACHED**. A full resume and applicable documents (licenses, certificates, etc) must accompany all applications. Documents must clearly indicate how instructor is qualified to teach subject matter of course.
3. Name of Applicant: _____
Mailing Address: _____

Home Phone: _____ Business: _____ Fax: _____
4. Name and address of school or organization for which you will instruct:

5. Title of Course which you will instruct: _____
6. Have you ever been refused approval or a license to teach, or has such approval or license been suspended, revoked or subject to discipline? Yes No If "Yes," attach explanation.
7. Have you ever been subject to disciplinary action by the Real Estate Commission or the Commission of Appraisers? Yes No If "Yes," attach explanation.
8. I hereby affirm and swear that the information submitted with this application is true and accurate and that no willful omissions have been made.

Signature

Print Name

Date

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

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|----------------------------------|-----------------------------|
| DIVISION USE ONLY | |
| Date Application Approved: _____ | Date of Notification: _____ |
| Approved By: _____ | |