

IDAHO REAL ESTATE APPRAISER BOARD
Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: bcre-education@dopl.idaho.gov

EDUCATION APPROVAL APPLICATION CHECKLIST

AQB/CAP Approved Qualifying and Continuing Education (Excluding USPAP Courses):

- Completed and signed application with application fee.
- AQB/CAP Approval Letter or AQB/CAP Approval Secondary Provider Record, if applicable.
- IDECC Distance Education Certification for Secondary Providers, if applicable.

15-Hour and 7-Hour USPAP Courses:

- Completed and signed application with application fee.
- AQB/CAP Approval Letter or AQB/CAP Approval Secondary Provider Record, if applicable.
- AQB USPAP Instructor Certificate.
- Evidence of AQB-Certified instructor's current Certified Residential or Certified General Appraiser Credential.
- IDECC Distance Education Certification, if applicable.

Non-AQB/CAP Approved Courses Approved by Another Jurisdiction:

- Completed and signed application with application fee.
- Approval letter from another jurisdiction's Real Estate Appraiser Board.

Courses with No Prior Approval:

- Completed and signed application with application fee.
- Approval letter from another state's Real Estate Appraiser Board, if applicable.
- Timed Course Outline.
- Course objectives or synopsis (or a Completed Qualifying Education Matrix for qualifying education).
- Course Materials.
- IDECC Distance Education Certification, if applicable.

APPLICATION FEE - \$100.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL.
All returned checks are subject to a \$20.00 fee and the application will be invalid.

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INITIAL COURSE APPROVAL COURSE RENEWAL

This is a "request for approval" application for pre-licensure education, or continuing education offerings. It must be completed in its entirety. If additional space is needed, add separate pages and note the corresponding item number on your response. Please see the checklist for items that must accompany the application. Applications must be received well before the offering date to allow the Board adequate time to review the materials. The Board may deny credit for any course that does not meet the requirements of Idaho Law or Rule. Please review the requirements before submitting your request.

Course, Seminar, or Conference Title: _____

1. Sponsoring Organization or Institution: _____

2. Applicant Contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

3. Name of co-sponsor (if applicable): _____

4. Date(s) and Locations of offerings:

From	To	Locations:
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. What best identifies the educational setting?

Classroom Conference/Seminar Online Virtual Classroom with real time interaction

6. Exact hours per day the course is scheduled to run: _____

7. Number and type of education hours requested for the course: Pre-licensure hours: _____ & / or Continuing education hours: _____

8. List name(s) of instructor(s) (See checklist to determine if additional documentation is required.):

9. Provide the name of attendance officer, and the method of certifying/assuring attendance, and who maintains original attendance records for verification?

10. Is an examination part of the course? (If YES, attach a description of the process.) YES NO

11. Is a course evaluation form provided to attendees? YES NO

12. Has this course been approved for continuing education credit by any local, state, or national entity? YES NO

If YES, enter name of approving entity and attach a copy of the approval document:

13. Are any promotional publications or advertisements being used? YES NO
If YES, please attach one copy of each (final drafts are acceptable).

14. Does this course either promote a product or apparatus or offer a product or apparatus to those attending? YES NO
If YES, this must be explained on a separate attachment to this application and disclosed in any advertising.

15. Will those attending be given a product as a gift or at a reduced price? YES NO
If YES, please explain on a separate attachment to this application.

EDUCATION APPROVAL APPLICATION AFFIDAVIT

I hereby certify that all information listed on this application and on the attached material is true and correct; that the proposed training is described accurately and completely; and that nothing has been omitted. I understand that the Board may request additional information and may delay or deny this application should requested information not be received.

Print Name: _____ Title: _____

Signature of Applicant