STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
BOISE, IDAHO 83720-0063

EDUCATION APPROVAL APPLICATION

☐ **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. The following items must accompany the application: A complete, notarized application, all advertisement brochures and/or promotional materials if used, a timed outline or timed course syllabus, course materials, instructor(s) resume, Appraiser Qualifications Board (AQB) Certificate (if applicable), and an International Distance Education Certification Center (IDECC) Certificate (if applicable). Applications must be received well before the offering date to allow the Board adequate time to review the materials. **Check the applicable Board Laws and Rules for applicable deadlines.** 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. **A fee of $100 for CE Courses must be included with this application.**

Course, Seminar, or Conference Title: _____

Relevant Profession(s): _____

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 (attach a timed outline):_____

7. Number and type of education hours requested for the course: Pre-licensure hours: _____ & / or Continuing education hours: _____ **(attach an application fee of $100 for CE courses)**

8. List name(s) of instructor(s) (attach a resume for each instructor outlining their qualifications, education, experience, and license number. In addition, if the course is a USPAP course, attach the instructors AQB Certified USPAP Instructor Certificate, and proof that they hold a current certified appraisers license that is in good standing).

_____

_____

_____

9. Provide the name of attendance officer, and the method of certifying/assuring attendance, and who maintains original attendance records for verification? (Attach a copy of the attendance certificate that will be provided to each attendee. The licensee is required to maintain proof of attendance.)

_____

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

11. Is a course evaluation form provided to attendees? ☐ YES ☐ NO
If YES, attach a copy of the form.

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. Attach a copy of all training materials, texts, DVDs, or CDs, and a list of any equipment to be used. (Materials will be returned by request only after a course has been approved.)

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

15. 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.

16. 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.

Upon completion, this application must be **printed in hard copy, signed, and notarized**. Submit the completed application together with all of the requested supporting documentation to the Bureau of Occupational Licenses at the address noted.

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:

State of _____, County of _____, ss

Subscribed and sworn before me this _____ day of _____, 20___.

_____
Notary Public Official Signature (seal)
my commission expires _____

(seal)