



# State of Oklahoma REAL ESTATE APPRAISER BOARD

400 NE 50<sup>th</sup> St., Oklahoma City, Oklahoma 73105-1816  
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## REQUEST FOR APPROVAL OF COURSE FOR QUALIFYING EDUCATION CREDIT

**SEE INSTRUCTIONS AT BOTTOM LEFT; ALL APPLICATIONS MUST INCLUDE PROPER REMITTANCE**

<b>Name and Address of Provider/Sponsor Submitting Course</b>  <b>Provider #: APP</b> _____	<b>Name and Telephone Number of Contact Person</b> Name: _____ Telephone: _____ Fax: _____ Email address: _____
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**Course Title/Name:** \_\_\_\_\_

<b>Method of Instruction:</b> <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> On-line Primary Instructor(s): _____	The Provider of this course is a: <input type="checkbox"/> Course Owner <input type="checkbox"/> Secondary Provider* *Course Owner: _____
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<b>Total Hours Requested:</b> _____	<b>Has this course been approved by the Appraiser Qualifications Board (AQB) Course Approval Program?</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No.
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**Course Description:** Describe General Content of Course:  
\_\_\_\_\_

**Text References:** Name Published Text(s) to be used:  
\_\_\_\_\_

**Name & Signature of Individuals Authorized to Sign Certificates of Completion:**

_____ Name (Typed or Printed)	** _____ Signature
_____ Name (Typed or Printed)	** _____ Signature

\*\* Facsimile signatures acceptable.

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties. The provider of this course is and shall remain in compliance with the Appraiser Qualifications Board (AQB) Course Approval Program (CAP) Course Owner-Secondary Provider agreement as set forth in the AQB CAP Policies and Procedures, if applicable."

_____ Name (Typed or Printed)	_____ Signature
Title: _____	Date: _____

- Use this form to request approval of courses for continuing education.
1. Forward original form to OREAB. Do not fax.
  2. Attach *one* copy of the course outline that includes a time schedule, topics and learning objectives.
  3. Attach *one* copy of the Topic Matrix (REA-CE4A). List hours for each subtopic; identify location of material referenced by subtopic, list exam questions relating to subtopic. If not a required Core Curriculum Course, use page TM-7 to prepare an appropriate topic matrix.
  4. Attach *one* copy of all course materials, including published textbooks and examinations, to be used in this course.
  5. Course owners: attach AQB and IDECC approval letters.
  6. Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable) and provider specific IDECC approval letter.
  7. Submissions must be received at least seven business days prior to a Board meeting or it will be held over until the following meeting.
  8. AQB approved course submittals must include a Fifty Dollar (\$50.00) non-refundable fee.
  9. Course submittals *not* approved by AQB must include a Two Hundred Dollar (\$200.00) non-refundable fee.

**OREAB USE ONLY:** APP \_\_\_\_\_ COURSE \_\_\_\_\_

Disapproved.

Approved for \_\_\_\_\_ hours of qualifying/ continuing education.

**Course Expiration Date:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Approval Date:** \_\_\_\_\_

**Check No.:** \_\_\_\_\_ **Check Date:** \_\_\_\_\_