



**State of Oklahoma**  
**REAL ESTATE APPRAISER BOARD**  
 400 NE 50<sup>th</sup> St., Oklahoma City, Oklahoma 73105-1816  
 Phone: (405) 521-6636 Fax: 522-6909 Email: [reabadmin@oid.ok.gov](mailto:reabadmin@oid.ok.gov)  
 Website: [www.oid.ok.gov](http://www.oid.ok.gov)

**Pre-licensing or Continuing Education**  
**CERTIFICATE OF COURSE COMPLETION**

**NOTE TO PROVIDER:** Complete form and furnish a copy to student. Retain record of all certificates of completion. Warning: Authenticated REA-CE6 forms received without student's name in place may result in adverse action.

**NOTE TO STUDENT:** Keep a copy of this certificate for your records. Upon course completion of continuing education, please upload a copy into your profile within Open Regulate. Upon course completion for qualifying education, retain and attach a copy to your application for licensure/certification.

**You must submit this form to receive credit for your continuing education. The school rosters will not be used to enter CE.**

Please complete the course evaluation on the reverse side of this form.

Student's Name (Typed or Printed)	Telephone	License Number
Address		Appraiser Board Provider Number
City, State, ZIP		<b>APP</b> Appraiser Board Course Number
School/Sponsoring Entity / Instructor's Name if USPAP		Course Completion Date
Course Title		Number Hours
Authentication		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Coordinator's Signature		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

## COURSE EVALUATION FORM

Provider number <b>APP</b> _____	Course number _____	Instructor _____
-------------------------------------	------------------------	---------------------

### **EVALUATE THE COURSE**

	<u>EXCELLENT</u>	<u>VERY GOOD</u>	<u>AVERAGE</u>	<u>FAIR</u>	<u>POOR</u>
1. Did the course cover all topics adequately?	1	2	3	4	5
2. Were course materials adequate?	1	2	3	4	5
3. Was the course well organized?	1	2	3	4	5
4. Were there sufficient examples & illustrations?	1	2	3	4	5
5. Was sufficient time allotted to cover all subjects?	1	2	3	4	5
6. Was the course taught at the level you anticipated?	1	2	3	4	5
7. Were stated learning objectives achieved?	1	2	3	4	5

### **EVALUATE THE INSTRUCTOR**

	<u>EXCELLENT</u>	<u>VERY GOOD</u>	<u>AVERAGE</u>	<u>FAIR</u>	<u>POOR</u>
1. Knowledge of subject matter:	1	2	3	4	5
2. Organization of verbal presentation:	1	2	3	4	5
3. Quality of verbal presentation:	1	2	3	4	5
4. Use of case problems:	1	2	3	4	5
5. Involvement of students in presentation:	1	2	3	4	5
6. Receptiveness to student questions:	1	2	3	4	5
7. Ability to respond to student questions:	1	2	3	4	5
8. Ability to stimulate student participation:	1	2	3	4	5

Would you recommend this school to others?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Would you recommend this course to others?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Would you recommend this instructor to others?      Yes: \_\_\_\_\_      No: \_\_\_\_\_