

FEE \$175

NON-REFUNDABLE

Only live/classroom setting programs will be considered.

Program **MUST** be approved prior to commencement of class.

Make Check Payable to:
Maine State Treasurer

**CONTINUING EDUCATION PROGRAM
APPROVAL APPLICATION**

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAILING ADDRESS:

**MAINE BOARD OF REAL ESTATE
APPRAISERS**

35 STATE HOUSE STATION, AUGUSTA ME 04333-0035

PH 207 624-8518 FAX 207 624-8637

TTY users call Maine Relay 711

WWW.MAINE.GOV/PROFESSIONALLICENSING

FOR OFFICE USE ONLY - 1470

CHECK NO _____

AMT _____

CASH NO _____

APPRVL DATE _____

EXPIRE DATE _____

CLOCK HOURS _____

PROGRAM # _____

PROGRAM SPONSOR _____
(School, organization or individual applying for program approval)

CONTACT PERSON _____
(Person to whom REA should direct any communication regarding program approval)

Street/PO Box _____ City _____

State _____ Zip _____ Phone () _____ - _____ FAX () _____ - _____

Email _____

PROGRAM TITLE _____

INSTRUCTOR _____

HOURS REQUESTED _____ (min. 2 hrs)

PROGRAM WILL BEGIN _____ AM/PM

PROGRAM WILL END _____ AM/PM

COURSE FEE \$ _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" – If you wish to pay by MasterCard or Visa, fill out the following:

NAME OF CARDHOLDER (please print): _____

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my

VISA MASTERCARD the following amount: \$ _____

I UNDERSTAND THAT FEES ARE NON-REFUNDABLE

Card number: _____ Expiration Date: _____

SIGNATURE _____ **DATE** _____

PROGRAM SCHEDULE

DATE	FACILITY	CITY	STATE

NEEDS ASSESSMENT - Explain how the need for this program was established.

LEARNING OBJECTIVES & COURSE OUTLINE

Attach to this application the following:

- a. A sheet listing the learning objectives. The learning objectives are the specific skills and knowledge participants are expected to gain as a result of completing this program.
- b. A detailed program outline that defines the learning objectives including the approximate amount of time to be spent on each topic.

METHOD OF INSTRUCTION – Indicate the method(s) to be used, i.e., lecture, video, team teaching, panel discussion, etc.

MATERIALS TO BE USED – List/describe the materials to be used, i.e., handouts, visual aids, etc. Include the name and author of any texts or other published material to be used.

INSTRUCTOR – Attach a brief resume of instructor’s qualifications in relation to the course topic.

CERTIFIED STATEMENT AND SIGNATURE OF PROGRAM SPONSOR OR AUTHORIZED SCHOOL OFFICIAL

By my signature, I hereby agree to abide by the requirements and conditions set forth by Rule Chapter 220 of the State of Maine Real Estate Appraisers Rules and Regulations pertaining to continuing education programs and certify that the information contained in this application is accurate and true to the best of my knowledge and belief.

SIGNATURE OF PROGRAM SPONSOR OR AUTHORIZED SCHOOL OFFICIAL

DATE

THE FOLLOWING ATTACHMENTS MUST BE INCLUDED WITH THIS APPLICATION

- 1. Learning Objectives
- 2. Detailed, Timed Program Outline
- 3. Instructor Resume

PLEASE NOTE BOARD APPROVAL IS NOT REQUIRED FOR AQB APPROVED COURSES