

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
RENEWAL 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

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

COURSE OFFERINGS SINCE LAST APPROVAL

DATE	FACILITY	CITY	STATE

SPONSOR EVALUATION

In your estimation, were the course objectives listed on the original application met?

YES NO

If no, describe the changes you have made or will make to ensure the objectives are met for this approval: _____

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. If renewed approval is granted, I agree to the following conditions:

1. To avoid inference through advertising or oral representation that approval is an endorsement or recommendation by the Board.
2. To make reasonable effort to encourage students to offer comments regarding the course.
3. To inform Board staff at the earliest possible date of any changes which would render inaccurate the information contained in this application.

SIGNATURE OF PROGRAM SPONSOR OR AUTHORIZED SCHOOL OFFICIAL

DATE

THE FOLLOWING ATTACHMENTS MUST BE INCLUDED WITH THIS APPLICATION

- ✓ Summaries of Student Evaluations from prior course offerings.

PLEASE NOTE BOARD APPROVAL IS NOT REQUIRED FOR AQB APPROVED COURSES

STUDENT EVALUATION OF CONTINUING EDUCATION PROGRAM

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

MAINE REAL ESTATE APPRAISERS

RETURN THIS EVALUATION TO YOUR PROGRAM INSTRUCTOR

You have just completed a program recognized by the Board of Real Estate Appraisers as complying with the educational requirement for renewal or activation of your real estate license. The Board is committed to excellence in appraiser education and in that interest encourages your comments regarding the quality of this program. Your constructive comments on the instructor, course content and classroom environment will help us improve future programs. The Board values your opinion and offers its sincere thanks for your cooperation in our effort to ensure quality appraiser education. In addition to this evaluation feel free to contact the Board directly with your comments.

PROGRAM SPONSOR/SCHOOL _____
PROGRAM TITLE _____
DATE M/___ D/___ Y/___ LOCATION _____ INSTRUCTOR _____

RECORD THE NUMBER OF RESPONSES RECEIVED IN EACH RATING CATEGORY:

COURSE MATERIAL:

Course objectives were clear.

Course objectives were met.

Course material was well organized.

Course material was presented in sufficient depth.

Course is professionally beneficial.

I would recommend this program to my colleagues.

INSTRUCTOR:

The instructor was knowledgeable in the subject.

The teaching methods used by the instructor were effective.

Instructor communicated subject matter well.

Instructor supervised course well.

Strongly
Disagree

Strongly
Agree

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

What did you like most about this program? _____

What did you like least about this program? _____

Additional Comments _____

CONTINUING EDUCATION PROGRAM INSTRUCTOR'S SUMMARY OF STUDENT EVALUATIONS

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

MAINE BOARD OF REAL ESTATE APPRAISERS

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www.maine.gov/professionallicensing

Summarize students' responses on this form. Record student comments on a separate sheet and attach to this form. This summary must be submitted upon application for renewal of program approval. Retain the original evaluations and a copy of this summary for your records.

PROGRAM SPONSOR/SCHOOL _____
 PROGRAM TITLE _____
 PROGRAM NUMBER _____ CLOCK HOURS _____ NUMBER OF PARTICIPANTS _____
 PROGRAM DATE M/___D/___Y/___ LOCATION _____ INSTRUCTOR _____

RECORD THE NUMBER OF RESPONSES RECEIVED IN EACH RATING CATEGORY:

COURSE MATERIAL:

- Course objectives were clear.
- Course objectives were met.
- Course material was well organized.
- Course material was presented in sufficient depth.
- Course is professionally beneficial.
- I would recommend this program to my colleagues.

INSTRUCTOR:

- The instructor was knowledgeable in the subject.
- The teaching methods used by the instructor were effective.
- Instructor communicated subject matter well.
- Instructor supervised course well.

Strongly Disagree **Strongly Agree**

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Please describe any changes you plan to make to this program after review of evaluations. _____

Any substantial change in the course syllabus must be reported to the Board.

**MAINE BOARD OF REAL ESTATE APPRAISERS
CONTINUING EDUCATION PROGRAM
SAMPLE CERTIFICATE OF COMPLETION**

Program provider may use the sample certificate below or one of its own design providing the certificate contains at a minimum the following information:

- the student's full name and license number
- number of clock hours for which the program has been approved
- full title of the program as it is registered with the Board
- program number assigned by the Board
- name of the sponsoring school or individual under which the program is approved
- date on which program was administered, or, if the program length is more than one day, date on which program was completed
- signature of program instructor or authorized school official

**MAINE REAL ESTATE APPRAISERS CONTINUING EDUCATION
CERTIFICATE OF COMPLETION**

This certifies that

Licensee Name

Licensee Number

has met the standards required for completion of _____ hours of Maine Board of Real Estate Appraisers approved continuing education for:

Program Title

Program Number

Date Program Completed

Sponsor Name

Authorized Signature

**KEEP THIS CERTIFICATE AS VERIFICATION THAT YOU COMPLETED THE PROGRAM NAMED.
IF YOU ARE AUDITED UPON YOUR LICENSE RENEWAL, YOU WILL BE REQUIRED TO SUBMIT
TO THE BOARD OF REAL ESTATE APPRAISERS CERTIFICATES SHOWING YOU COMPLETED A
MINIMUM OF 14 HOURS OF APPROVED CONTINUING EDUCATION.**