

**FEE \$175**

**NON-REFUNDABLE**

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](http://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

Please check program format:

- Live Delivery Program
- Synchronous Distance Education Program

*Please note: No form of asynchronous distance education or recorded presentation will be approved.*

**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)**      *FIRST*      *MIDDLE INITIAL*      *LAST*

**MAILING ADDRESS OF CARDHOLDER (please print)**

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my       VISA       MASTERCARD      the following amount: \$ \_\_\_\_\_

I UNDERSTAND THAT FEES ARE NON-REFUNDABLE

Card number:      *XXXX-XXXX-XXXX-XXXX*      Expiration Date      *mm / yyyy*

**SIGNATURE**      **DATE**

**PROGRAM SCHEDULE**

DATE	FACILITY	CITY	STATE

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

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**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.**

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**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.**

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**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\***