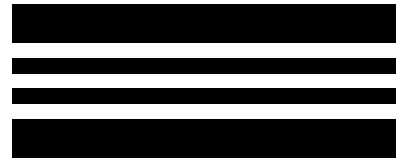




## Real Estate Appraiser Course Approval



Course approval or renewal. No retroactive approvals allowed.  
Original applications can take up to 90 days to process.  
Renewals can take up to 2 weeks to process.

Apply online: <https://professions.dol.wa.gov>

Upload course documents to [Box.com](https://box.com)

**Original applications** must have (in this order):



1. AQB course approval, AQB USPAP Instructor Approval, and/or IDECC approval certification (*as applicable*).
2. A course outline with hourly breakdown and learning objectives
3. Syllabus or curriculum
4. Copy of the examination and exam key
5. All course materials (*all required textbooks, PowerPoints, lecture notes, handouts, online course, etc. used to teach the class must be in PDF format*)
6. Other (*such as seminar brochures, resumes, etc.*)

**Renewal applications** must have:

An AQB and/or IDECC approval certification (*as applicable*) and a course syllabus and curriculum.  
Seminars (*one-time events*) can't be renewed.

### Box.com

Course provider must submit all documents (including this application on top) as a single PDF file.  
Upload file to the appraiser course provider folder after submitting the course application online.

### New course providers:

Email a copy of this completed application form to ask for access and instructions to Box.com.

For questions or language help: call 360-664-6505 or email [reeducation@dol.wa.gov](mailto:reeducation@dol.wa.gov)

### Application type

**Original application** (*check all that apply*):

One-time event. Date of event \_\_\_\_\_

Location: City and state \_\_\_\_\_

Ongoing event.

Substantial course changes (*the original course will be retired*): AP#: \_\_\_\_\_

**Renewal application** (*check only if there were no substantial course changes and the course has not expired*)

AP#: \_\_\_\_\_ Current expiration date \_\_\_\_\_

### Delivery method

Classroom (instructor in room with students)

Distance or Online (IDECC approval certificate required)

Seminar or Convention

### Course or Seminar Information

School or Provider name		DBA name	
Mailing address, City, State, ZIP code			
Contact name	10-digit phone number and ext.		Email
Course or Seminar title (Must start with "online" if a distance course)			

**Course or Seminar information** *(continued)***Outline of course presentation**

Learning unit title	Learning objective	Teaching techniques used in each learning unit	Estimated time to complete each learning unit

Total clock hours \_\_\_\_\_

**Course or Seminar information (continued)**

Course is designed to meet classroom hours for (check all that apply)

Pre-qualifying (minimum of 15 hours with exam)

Classroom hours: \_\_\_\_\_ Number of exam questions: \_\_\_\_\_

For:      Registered trainee      State licensed      Certified residential      Certified general

Pre-qualifying elective (minimum of 15 hours with exam)

Classroom hours: \_\_\_\_\_ Number of exam questions: \_\_\_\_\_

For:      Certified residential      Certified general

Continuing education (minimum of 2 hours)

Classroom hours match pre-qualifying (if applicable): \_\_\_\_\_ Alternate hours (no pre-qualifying exam): \_\_\_\_\_

Describe instructional material. "See attached" is not acceptable. List if book, PowerPoint, online, Excel, speakers, etc.

Answer the following

- |  |          |            |
|--|----------|------------|
| 1. A syllabus or curriculum must be included. Which have you included? . . . . .                                     | Syllabus | Curriculum |
| 2. Do you have an Appraisal Qualification Board Approval Certificate? . . . . .                                      | Yes      | No         |
| If "Yes," include AQB approval. Date approval expires: _____   |          |            |
| 3. Is this a distance learning course? . . . . .   | Yes      | No         |
| If "Yes," an IDECC approval certificate must be included. Date approval expires: _____                               |          |            |
| 4. If this is a USPAP 15 hour or 7 hour course, do you have a copy of the<br>USPAP Instructor Certificate? . . . . . | Yes      | No         |
| If "Yes," include the certificate. Date approval expires: _____  |          |            |
| 5. If this is a renewal, has there been any substantial course change made since the<br>last application? . . . . .  | Yes      | No         |

**Providers public contact information for website**

Provider email	10-digit phone number
Website	

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*\_\_\_\_\_  
TYPE or PRINT Name**X**\_\_\_\_\_  
Date and place signed\_\_\_\_\_  
School administrator signature

WAC 308-125-050; -090; -100