



West Virginia Real Estate Appraiser Licensing & Certification Board  
 405 Capitol Street, Suite 906  
 Charleston, WV 25301  
 Phone: (304) 558-3919  
 E-Mail: buskirkc@mail.wvnet.edu

**Distance Education Course Application  
 Internet ONLY  
 Qualifying/Continuing Education**

**Fee: \$75.00**

Must be submitted at least thirty (30) days prior to initial offering.

**All Qualifying Courses and Continuing Education Courses Must Be AQB and IDECC Approved**

A Non-refundable application fee of \$75.00 per course must be submitted with each application

Please make check or money order payable to: WVAB. **Mail to: P.O. Box 40267, Charleston, WV 25364.** If submitting more than one application, you may combine the fee on one check.

- **Continuing Education** - (*courses must be a minimum of 3 hours and no more than 7 hours*) Course approval will expire on the AQB expiration date. (**7-Hour USPAP Update Course will NOT be approved for on-line continuing education**)
- **Qualifying Education** - Course Approval will expire on the AQB expiration date.
- Failure to renew an on-line course on or before the AQB expiration date will result with automatic withdrawal

**Information Required to be attached to Application:**

- |   |   |
|---|---|
| <input type="checkbox"/> Timed outline or timed syllabus of course design   | <input type="checkbox"/> Course materials used  |
| <input type="checkbox"/> Proof of delivery mechanism certification (IDECC)  | <input type="checkbox"/> If applicable, copy of AQB secondary course provider agreement |
| <input type="checkbox"/> Description of course content and objectives   | <input type="checkbox"/> Description of the methods of record maintenance               |
| <input type="checkbox"/> Sample of attendance certificate   | <input type="checkbox"/> Instructor Bio/Resume  |
| <input type="checkbox"/> Copy of AQB course approval letter   |   |
| <input type="checkbox"/> If applicable, for the 15-Hour Qualifying USPAP Course, USPAP Instructor certification certificate |   |
| <input type="checkbox"/> User ID and Password: _____  |   |

**Provider Information:**

Organization Name: \_\_\_\_\_ Person authorized to act for provider: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Course Information: Please Check One:**  Internet Course  Webinar

Course Title: \_\_\_\_\_ Dates to be offered: \_\_\_\_\_

1) **Qualifying Education Course:** AQB Hours \_\_\_\_\_  
*If the qualifying course is also approved for Continuing Education: Number of approved hours: \_\_\_\_\_*

2) **Continuing Education Course:** AQB Hours: \_\_\_\_\_

**Course Materials Required:**

Required Textbook (if any): Title: \_\_\_\_\_

Required Materials (if any): \_\_\_\_\_

**OFFICE USE ONLY:**

**Check No:** \_\_\_\_\_

**Deposit No:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_



**Instructor Information:**

Instructor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Licensed Residential  Certified Residential  Certified General  Other \_\_\_\_\_

If applicable, USPAP certified instructor ID Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Instructor must meet at least one of the following criteria. Check all that applies:**

Hold a license or certification in West Virginia or in any other state at the level to be taught and have five (5) years appraisal experience within the past ten (10) years directly related to the subject matter to be taught

Hold a license or certification in West Virginia or in any other state at the level to be taught and have five (5) years of teaching experience within the past the (10) years in the subject matter to be taught

Have five (5) years of teaching experience within the past ten (10) years in the subject matter to be taught and pass an examination at the level to be taught

Have five (5) years appraisal experience within the past ten (10) years directly related to the subject matter to be taught and pass an examination at the level to be taught

Hold a baccalaureate or higher degree in a field directly related to subject matter to be taught, and pass an examination at the level to be taught

Be a full-time faculty member at a college or university teaching a credit course in appraising

To teach a Uniform Standards of Professional Appraisal Practice (USPAP) course, the instructor must have successfully completed the 15-Hour national USPAP instructor training course and examination adopted by the Appraisal Qualifications Board of The Appraisal Foundation, or its equivalent, successfully complete the 7-hour national USPAP update course and examination, or its equivalent, every two years in order to maintain his or her USPAP teaching credential, and be a state certified appraiser in good standing.

**Attendance and Record Keeping Policies:**

Attendance /Identity Verification Method (please describe):

Name of Verifier of Attendance:

Are records located at the Provider address?  Yes  No: Where?

Name of Record Keeper:

**Affirmation**

The applicant hereby acknowledges that the following requirements will be complied with:

- The course title, instructor(s), date(s), and locations(s) stated on the application and its attachments will be the only ones approved.
- The Board must be notified in writing of any course changes including instructor(s) and course content. **If the course content should change at any time, a new application must be submitted.**
- Each participant who meets the attendance requirement will be issued a completion certificate at the end of the course or seminar.
- The course provider is required to maintain complete and accurate records of the course and attendees for FIVE years. This shall include the following:
  - Name of the course, instructor(s), and a description of the course
  - Number of hours approved for qualifying and/or continuing education
  - Name, address and signature of person who will verify the attendance of each person enrolled
  - Name and address of each person enrolled in each course
  - Clock hours when each certificate holder was in attendance
  - Verification that each certificate holder receiving qualifying and/or continuing education credit was an active participant
  - **A roster must be submitted to the Board within thirty days after the course is taken, Include name, license number, address, name of course, approved hours, date of completion, location, and instructor name.**

In signing this application, the applicant hereby consents to the inspection or monitoring of this course.

I certify that all statements contained herein are true and that nothing has been withheld which would influence a complete evaluation of this offering. I understand that any false statement on this form or in any attached materials may subject me to loss of course approval, if granted.

\_\_\_\_\_  
Name of Applicant Acting for Provider (Please Print)

\_\_\_\_\_  
Applicant's Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature