

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102
(702) 486-4033 / realest@red.nv.gov / <http://red.nv.gov/>

APPRAISER *CONTINUING EDUCATION*
NEW COURSE APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
THE COURSE APPLICATION FEE IS NON-REFUNDABLE.

School Name:

Date:

Owner Name:

School Mailing Address:

City:

State:

Zip Code:

Education Contact:

Contact's Phone Number:

Contact's Email:

School Locations & Phone Numbers:

Has this course been approved through the Appraisal Qualifications Board (AQB) Course Approval Program?

☐ Yes ☐ No *(If yes, attach a copy of the approval certificate.)*

If this course has been AQB approved, list the expiration date:

Purpose of School:

Retention of continuing education records (Sponsor's address of location at which records will be held):

Printed Name of Authorized Records Custodian

Signature of Records Custodian

Division Use Only

Receipt Number:

Credential Number:

Processor Initials:

Date:

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Title of Course:

Delivery Method: ☐ Classroom/Synchronous ☐ Internet ☐ Webinar

Hours of Instruction:

Level of Difficulty: ☐ Beginner ☐ Intermediate ☐ Advanced

Course Objective: On completion of this course, students will be able to:

Subject Classification: ☐ Residential ☐ General ☐ Both ☐ Ethics/Standards

Select NAC 645C.305 under which this course is being submitted for approval:

<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d	<input type="checkbox"/> 2e	<input type="checkbox"/> 2f
<input type="checkbox"/> 2g	<input type="checkbox"/> 2h	<input type="checkbox"/> 2i	<input type="checkbox"/> 2j	<input type="checkbox"/> 2k	<input type="checkbox"/> 2l	<input type="checkbox"/> 2m	<input type="checkbox"/> 2n

Ethics/Standards Justification:

Course Fee:

Maximum Number of Participants:

Is the course accredited, approved, or offered by any appraiser commission, trade commission, or the Appraisal Qualifications Board?

☐ Yes ☐ No (If *yes*, please explain.)

When:

Where:

Approval Number:

Additional Info:

Explain procedure for verifying attendance and complying with attendance requirements. (Note: Minimum acceptable procedure is signing in at the beginning of the AM and PM session.)

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Required Materials to be Submitted with Application:

Material	Enclosed?	Comments
Detailed Course Outline (including timeline)	<input type="checkbox"/>	
Student Handouts & Course Materials (one copy)	<input type="checkbox"/>	
List of Scheduled Course Dates and Locations	<input type="checkbox"/>	
Proposed Advertising	<input type="checkbox"/>	
Statement of Refund or Cancellation Policy	<input type="checkbox"/>	
Course Evaluation Form	<input type="checkbox"/>	
List of Currently Approved Instructors and New Instructor Applications (fill out Form 633 & attach)	<input type="checkbox"/>	
Attendance Certificate Sample** (see requirements below)	<input type="checkbox"/>	
Distance Education ONLY: AQB or IDECC approval letter	<input type="checkbox"/>	
Application Fee: \$100.00 (made payable to NRED)	<input type="checkbox"/>	

****Attendance Certificates must include all of the following:**

- Name of offering entity
- Title of course or seminar
- State approval number
- Name and license number of participants
- Date of instruction
- Number of hours of instruction
- Original signature of person authorized to sign for offering entity
- Statement: **COURSE APPROVED BY THE NEVADA COMMISSION OF APPRAISERS**

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- ☐ I consent to auditing and/or evaluating by authorized representatives of NRED.
- ☐ I agree to report any material changes of the information contained in this application to NRED prior to presenting the amended course.
- ☐ I agree to retain attendance records for at least five years from the date of the offering for each participant.
- ☐ I agree to provide certificates of attendance completed in compliance with NAC 645C.315(4) with original authorized signatures only for students who have completed this course.
- ☐ I agree to comply with the provisions of NAC 645C.

Print Name:

Signature:

Date:

Applications and checks should be sent to:

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