

**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](mailto: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**

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**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:**

1a  1b  2a  2b  2c  2d  2e  2f  
 2g  2h  2i  2j  2k  2l  2m  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:**

<b>Material</b>	<b>Enclosed?</b>	<b>Comments</b>
<b>Detailed Course Outline</b> (including timeline)	<input type="checkbox"/>	
<b>Student Handouts &amp; Course Materials</b> (one copy)	<input type="checkbox"/>	
<b>List of Scheduled Course Dates and Locations</b>	<input type="checkbox"/>	
<b>Proposed Advertising</b>	<input type="checkbox"/>	
<b>Statement of Refund or Cancellation Policy</b>	<input type="checkbox"/>	
<b>Course Evaluation Form</b>	<input type="checkbox"/>	
<b>List of Currently Approved Instructors and New Instructor Applications</b> (fill out Form 633 & attach)	<input type="checkbox"/>	
<b>Attendance Certificate Sample**</b> (see requirements below)	<input type="checkbox"/>	
<b>Distance Education ONLY:</b> AQB or IDECC approval letter	<input type="checkbox"/>	
<b>Application Fee: \$100.00</b> (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:  
Nevada Real Estate Division  
3300 W. Sahara Avenue, Suite 350  
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