



APPRAISER REQUEST FOR CONTINUING EDUCATION CREDIT APPROVAL
 ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
 Division of Professional Regulation
 320 West Washington Street, 3rd Floor
 Springfield, IL 62786
 217/785-9300

557 / 556 / 553

Important notice: Completion of the form is necessary to evaluate an applicant's request for continuing education credit from another jurisdiction under the Illinois Real Estate Appraiser License Act of 2002 (225 ILCS 458). Disclosure of the information is required. Failure to complete the application may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

APPRAISER'S INFORMATION

(Last, First, and Middle)
NAME: _____ **LICENSE NUMBER:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: () _____ **EMAIL ADDRESS:** _____

CONTINUING EDUCATION (CE) COURSE INFORMATION FOR WHICH CE CREDIT IS REQUESTED

NAME OF CE COURSE: _____
(Number of CE course hours completed cannot include the examination time)

NUMBER OF HOURS EARNED: _____ **DATE CE WAS COMPLETED:** _____

NAME OF CE PROVIDER: _____

LOCATION WHERE CE WAS COMPLETED: _____

STATE REGULATORY AGENCY WHO APPROVED THIS CE COURSE: _____

ALL QUESTIONS BELOW MUST BE ANSWERED (Check only those boxes that apply)

YES NO **IS THIS COURSE APPROVED BY THE APPRAISER QUALIFICATIONS BOARD (AQB)?**

YES NO **IS THIS A DISTANCE LEARNING COURSE?**

YES NO N/A **IF THIS COURSE IS A DISTANCE LEARNING COURSE, IS IT AN IDECC APPROVED COURSE?**

- PLEASE INCLUDE WITH THIS APPLICATION:**
- A COPY OF THE CE COURSE TRANSCRIPT/COMPLETION CERTIFICATE.
 - A NON-REFUNDABLE APPLICATION FEE OF \$50 (CHECK OR MONEY ORDER MADE PAYABLE TO IDFPR).

I certify that I personally completed this form, that the information is true and correct and that I am responsible for signing this application for the purpose of requesting continuing education credit under the Real Estate Appraiser Licensing Act of 2002 (225 ILCS 458) and the Administrative Rule (68 Ill. Adm. Code Part 1455) and I will comply with the requirements.

 Signature of Person Responsible

 Date

MAIL APPLICATION TO:
 Illinois Department of Financial and Professional Regulation
 Appraisal Education
 320 West Washington Street, 3rd Floor
 Springfield, IL 62786

FOR IDFPR ONLY: _____ IDFPR NOTES: _____
 _____ APPROVED _____ DENIED _____ DATE _____