



APPLICATION FOR USPAP QE or CE OFFERING

PRIMARY DOCUMENT
EDU 15/7

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Real Estate – Licensing
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
 800-560-6420

555

In order for this form to be processed you must already have an active **Illinois Appraisal Course Provider license**. Providers are to submit materials via thumb drive or via cloud access. Hardcopies are to be converted into unredacted, unlocked PDFs. Illegible and/or incomplete materials will be rejected and will cause unnecessary delays.

To eliminate confusion ALL USPAP courses MUST include the effective year(s) in the title of the offering.

APPLICANT IDENTIFYING INFORMATION

NAME OF EDUCATION PROVIDER	Your Illinois License Number 555.
DBA (if applicable)	
USPAP COURSE TITLE with EFFECTIVE YEAR(s)	AQB COURSE CODE

Please indicate whether this is a QE or a CE offering. You must indicate whether the offering is in a classroom, synchronous, or asynchronous. Asynchronous education is defined as a form of education, instruction, and learning that does not occur in the same place or at the same time.

Synchronous is treated the same as live classroom. A distance education verification certificate is no longer required.

QE class hours may be obtained only where the minimum length of the educational offering is at least 15 hours, and the individual successfully completes an approved closed-book examination pertinent to USPAP.

Asynchronous education must have a current distance education verification certificate accompany the application. The USPAP INSTRUCTOR REGISTRATION FORM must be completed

<input type="checkbox"/>	CLASSROOM OR SYNCHRONOUS (LIVESTREAM)	<input type="checkbox"/>	ASYNCHRONOUS – IDECC required
QE always requires a final, closed-book exam. If an exam is given, the passing grade minimum is 70%.			
<input type="checkbox"/>	QE – 15-Hour National USPAP or Equivalent - \$50	<input type="checkbox"/>	CE – 7-Hour National USPAP Update or Equiv. - \$25
<input type="checkbox"/>	Mid-cycle Renewal of QE USPAP - \$50	<input type="checkbox"/>	Mid-cycle Renewal of CE USPAP - \$25

CERTIFICATION

I hereby certify that, to the best of my knowledge, all information herein is true and correct; that the signature below re-affirms the certifying affidavit signed on the course provider application; and that I am authorized to sign this application.

NAME PRINTED _____

SIGNATURE _____

DATE _____



USPAP INSTRUCTOR REGISTRATION

SECONDARY DOCUMENT

USPAP

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INSTRUCTIONS: This form is to be completed and submitted by the Education Provider or instructor with any and all USPAP courses, whether the course is presented in a classroom, synchronously, or asynchronously. In accordance with AQB Criteria, at least one of the course instructors must be an **AQB Certified USPAP Instructor** who is also a state certified appraiser. USPAP continuing education credit shall only be awarded when the course is instructed by at least one AQB Certified USPAP Instructor who is also a state certified appraiser in good standing. If there will be multiple offerings throughout a year, you may submit multiple instructors and multiple dates. There is no fee for this form, however, no USPAP course will be approved without the instructor(s) being approved by the Department.

APPLICANT IDENTIFYING INFORMATION

NAME OF EDUCATION PROVIDER

Your Illinois License Number

555.

DBA (if applicable)

COURSE TITLE (You must include the effective year(s) in the title)

USPAP COURSE INFORMATION

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 15-Hour National USPAP Course or Equivalent – IL1-08 - Classroom or Synchronous (Livestream) |
| <input type="checkbox"/> | 15-Hour National USPAP Course or Equivalent – IL1-08 – Asynchronous |
| <input type="checkbox"/> | 7-Hour National USPAP Update or Equivalent - Classroom or Synchronous (Livestream) |
| <input type="checkbox"/> | 7-Hour National USPAP Update or Equivalent – Asynchronous |

INSTRUCTORS: Include your CURRENT CDEI certificate. Complete the following:

NAME OF INSTRUCTOR

STATE APPRAISER CERTIFICATION (License)

CERTIFICATION BY EDUCATION PROVIDER

I hereby certify that, to the best of my knowledge, all information herein is true and correct; that the signature below re-affirms the certifying affidavit signed on the application; and that I am authorized to sign this application.

NAME PRINTED

SIGNATURE

DATE