

MISSISSIPPI REAL ESTATE APPRAISER LICENSING AND CERTIFICATION BOARD

2506 Lakeland Drive, Suite 300
Flowood, Mississippi 39232
(601) 932-6770 – Office

P.O. Box 12685
Jackson, Mississippi 39236-2685
www.mrec.ms.gov

NEW Application Fee: \$100
RENEWAL Application Fee: \$50

APPLICATION FOR EDUCATION COURSE APPROVAL

1. Name of provider requesting education course approval and type of course being offered, qualifying education, continuing education or both.

2. Business Address: _____

3. Business Telephone: _____ Fax #: _____

4. If a corporation, gives names, addresses, and title of officers. *(Use additional sheet if necessary):*

Name: _____ Title: _____

Business Address: _____

5. List names of those persons authorized to act for your entity. Such acts shall be binding upon the applicant.

Names : _____

6. The following information must be provided for each separate course approval request.
(Incomplete information will result in course delay).

- A. Course title(s) and description
- B. Address/Date/Time of training. If unknown at time of application notification must be given to this office prior to the course(s) being offered in Mississippi.
- C. Admission Policy, fees, charges and cancellation policies.
- D. Course syllabus shall clearly state content, learning objectives and skills which the student can be expected to learn or improve.

- E. A lesson plan, instructional outline, or hourly agenda.
- F. Name, address, and brief biographical information on each instructor, including academic training. **At a minimum, instructors must meet the Appraiser Qualifications Board Real Property Appraisal Course Instructor Qualifications Criteria. (Criteria are attached.)**
- G. Number of classroom hours for each course and number of credit hours for which approval is being requested.
- H. Any additional information that may permit a complete and comprehensive evaluation of each offering.

It is the responsibility of the approved provider to provide to each student successfully completing a course a certificate of completion as outlined in the Board's policy governing continuing education approval, **or as required to provide proof of education for pre-licensing or upgrade.**

(Name of Provider)

(Signature of Provider)

(Title)

(Date)