REAL ESTATE APPRAISAL EDUCATION PROVIDER APPLICATION FOR LICENSURE

PRIMARY DOCUMENT
EDU-555



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

Complete and sign this application. Attach a written attendance policy that requires student attendance to be verified. A non-refundable fee of \$550 must accompany this application. Make payable to: Illinois Department of Financial and Professional Regulation.

NAME OF EDUCATION PROVIDER			
DBA (if applicable)		FEIN or SSN	ı
MAILING ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER	FAX NUMBER		
WEBSITE ADDRESS			
PRIMARY E-MAIL ADDRESS			
APPRAISAL EDUCATION ADMINISTRATOR			
NAME			
TITLE (President, Administrator, Owner, etc)			
E-MAIL ADDRESS			
DIRECT PHONE NUMBER	CELL PHONE NUM	BER	
I CERTIFY THAT:			
1. All course applications will be submitted no later than 45 days prior to the first offering date.			
 I (We)shall utilize only qualified instructors and that AQB Certified USPAP instructors that teach on-line USPAP will hold a CDEI designation from IDECC. 			
Instructors for any Illinois offering have NOT had a public discipline in any jurisdiction in the past 3 years prior to submission of a course.			
4. Class hours are defined as 60 minutes, of which at least 50 minutes are instruction attended by the student.			
Distance education courses intended for use as qualifying education will include a written examination proctored by an official approved by the college or university, or by the sponsoring organization.			
6. I (We) will maintain student records in accordance with Administrative Rules 1455.350.			
I hereby certify that all information, to the best of my knowledge, is true and correct and that I am the person legally authorized to sign this application.			
Signature			Date