REQUEST FOR OUT-OF-STATE QE APPROVAL

SECONDARY DOCUMENT

EDU-8001



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Real Estate
PO Box 7570
Springfield, Illinois 62791, 7570

Springfield, Illinois 62791-7570 FPR.RealEstateAppraisal@illinois.gov

APPLICANT IDENTIFYING INFORMATION						
Name (Last, First, MI)			Illinois License Number		Sex	
					□м	□F
Mailing Address						
City		State	Zip Code	County		
Daytima Dhana						
Daytime Phone	Cell		Home Ph	ione		
The QE offering may NOT have been take	 n in Illinois. The course must h	nave bee	n no less than	fifteen (15) hou	ırs in lena	th. You
must complete this form if you are seeking QE credit in Illinois if the course provider and course was not already licensed in						
Illinois. Submission of this application is NO guarantee that ANY requested QE hours will be approved.						
QUALIFYING EDUCATION (QE) COURS	E INFORMATION					
Complete Name of Course or Seminar			QE H	QE Hours		
Name of Provider						
Name of Instructor(s)						
name of monactor(s)						
Location Where the Course was Completed				Date(s) of the Offering		
YOU MUST INCLUDE THE FOLLOWING	:					
1. A non-refundable processing fee of \$50 for each course (Check or Money Order made payable to IDFPR)						
2. A copy of the Course Outline a	and/or Syllabus.					
A copy of your course completion certificate or bonafide transcript.						
4. Mail the completed form(s) and payment(s) to the address provided at the top of this form.						
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 Rules (68 Ill. Adm. Code Part 1455).						
Cinnature of Dayson Decrease's to				Data		
Signature of Person Responsible				Date		

Submit to the address at the top of this form