MISSISSIPPI REAL ESTATE APPRAISAL BOARD

ROBERT E LEE BUILDING SUITE 502 239 North Lamar ST., Jackson, Mississippi 39201 (601) 359-5440 – Office P.O. Box 4915 Jackson, Mississippi 39296 www.mab.ms.gov

AQB Approval Date:	NEW Application Fee: \$100
IDECC Approval Date:	RENEWAL Application Fee: \$50

APPLICATION FOR EDUCATION COURSE APPROVAL

1. Name of provider requesting education course approval and the type of course being offered, (i. e., for qualifying education, or continuing education or for both).

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(Incomplete information will result in course delay).

- A. The actual Course *title*(s) and course description
- B. Address/Date/Time of training. If unknown at time of application, then notification must be given to this office prior to the course(s) being offered in Mississippi.
- C. Admission Policy, fees, charges and cancellation policies.

Revised 5.6.24

- D. A Course syllabus which shall clearly state the content, learning objectives and skills which the student can be expected to learn or improve.
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- E. A lesson plan, instructional outline, or hourly agenda.
- F. The name, address, and brief biographical information on each instructor, including their academic training. At a minimum, instructors must meet the Appraiser Qualifications Board Real Property Appraisal Course Instructor Qualifications Criteria. (Criteria are attached.)
- G. The 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.
- I. When submitting a course for renewal, provide the prior MAB course approval number that was assigned.

The deadline to receive information to be placed on the Board Meeting Agenda will be <u>one week prior to</u> <u>the date of the meeting</u>. Meeting dates vary. View our website or call for meeting dates.

It is the responsibility of the approved provider to provide a certificate of completion to each student who successfully completes a course, 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)