



Anne M. Petit, Superintendent

Appraisal

Instructor Certification

- This certification must be completed by the instructor of the continuing education course and must be submitted with the Continuing Education Course Application
This certification must also be completed and submitted with the Additional Offering Application, if a new instructor is teaching the course

PROVIDER INFORMATION:

File Number: RECE. Sponsoring Entity:

Address:

City: State: Zip Code:

Course Information:

Course Title: Certification Number:

INSTRUCTOR INFORMATION:

First Name: M.I.: Last Name:

Home Address: Phone:

City: State: Zip Code: Email:

Are you an employee of the above mention Provider? YES NO

Please indicate which of the following criteria the instructor meets and attach resume or biography:

- Possession of a bachelor's degree in a related field to that in which the person is to teach, from a school listed as an institution of higher learning by the United States department of education, or from a comparable school of a foreign country
Possession of a valid teaching credential or certificate from Ohio or another state authorizing the holder to teach in the field of instruction in which the person is to teach
Five years full-time experience in a profession, trade, or technical occupation in the applicable field
Any combination of at least five years of full-time experience relevant to the applicable field and college level education

ETHICAL CONDUCT AND LEGAL HISTORY:

- Please attach a complete explanation for any questions answered "yes" to this certification.
Questions concerning professional licenses apply to ALL PROFESSIONAL LICENSES regardless of profession.
Have you ever been disciplined in any manner by any public entity for any violation of any professional licensing law, regulation or ethical rule?
Have you ever been convicted of, plead guilty to or been granted intervention in lieu of conviction for any unlawful conduct excluding minor traffic violations?

AQB CERTIFICATION: (for instructors of the 7 hour national USPAP update course)

Certificate Number: Effective Date: Expiration Date:

THE INSTRUCTOR MUST COMPLETE THE FOLLOWING CERTIFICATION:

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form or the attached materials may subject me to criminal prosecution and the loss of my Ohio real estate instructor approval.

Signature of Instructor Date