

EDUCATION PROVIDER COURSE RENEWAL

Instructions for renewing AQB and Non-AQB courses are listed below. **Be sure to follow the appropriate instructions for the type of course(s) you are renewing**, as there are different requirements for AQB Approved Classroom and Online Courses and Non-AQB Approved Courses.

Email completed Course Renewal, supporting documentation and payment authorization to kreab@ks.gov

OR mail completed form, supporting documents and check/money order to:

KS REAL ESTATE APPRAISAL BOARD 700 SW Jackson St, STE 804 Topeka KS 66603

Instructions for AQB Approved Course Renewal (**CLASSROOM**)

Review the attached list of your current approved CE/QE courses and highlight the course(s) you wish to renew. Sign and return the list with the following documents:

- **AQB Approval Letter.** If the AQB letter is not addressed to the provider submitting the course renewal, also attach a copy of the primary providers agreement allowing secondary provider to offer the course.
- **Payment of Course Renewal Fee.** The fee is **\$10 per course**. You may complete the attached payment authorization form OR mail a check/money order payable to KREAB totaling the amount due for all courses being renewed.

Instructions for AQB Approved Course Renewal (**ONLINE**)

Review the attached list of your current approved CE/QE courses and highlight the course(s) you wish to renew. Sign and return the list with the following documents:

- **AQB Approval Letter.** If the AQB letter is not addressed to the provider submitting the course renewal, also attach a copy of the primary providers agreement allowing secondary provider to offer the course.
- **IDECC Approval Letter.** If you are a secondary provider, a copy of your IDECC approval must be attached.
- **Payment of Course Renewal Fee.** The fee is **\$10 per course**. You may complete the attached payment authorization form OR mail a check/money order payable to KREAB totaling the amount due for all courses being renewed.

Instructions for NON-AQB Approved Course Renewal

Review the attached listing of your current approved CE/QE courses and highlight the course(s) you wish to renew. Sign and return the list with the following documents:

- **Detailed Course Outline.** Must include an estimate of the time required to present each subsection
- **Course Objectives.** Provide list of specific and measurable objectives; should describe what participant will be able to do upon completion of course
- **Course Materials.** Attach copy of all Handouts, Course Textbook, Student Manual and any other relevant content
- **Instructor Qualification Sheets (Parts III and IV).** Must include separate sheet for each Course Instructor listed; include instructor resume.
- **Method(s) of Instruction.** Detail the teaching techniques to be used in the course.
- **Attendance Procedures.** Provide the procedure for maintaining attendance records.
- **Course Schedule.** Include dates, times and location.
- **Payment of Course Renewal Fee.** The fee is **\$25 per course**. You may complete the attached payment authorization form OR mail a check/money order payable to KREAB totaling the amount due for all courses being renewed.

IMPORTANT NOTES:

*Courses that have had any substantive changes cannot be renewed, a new Course Application is required.
New Courses submitted prior to December 15th will expire December 31st and are subject to renewal.*

EDUCATION PROVIDER COURSE RENEWAL

This form is fillable

PROVIDER INFORMATION		<i>Check here if any of the contact information entered below is new</i>	
Provider Name		Provider Number	
Provider Address			
Provider Phone		Provider Email	
Coordinator		Provider Website	

Provider Certification

I hereby certify that the basic course content, instruction material and instructors for the attached course list(s) remain unchanged since the last renewal or original submission for course approval, whichever is most recent. I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct and complete to the best of my knowledge.

COORDINATOR SIGNATURE

DATE SIGNED

PAYMENT AUTHORIZATION FORM

This form is fillable

CARD PAYMENT INFORMATION

APPLICANT/LICENSEE NAME:		EMAIL ADDRESS FOR RECEIPT:	
Card Information			
Payment Type			
<div> <div>Visa</div> <div>MasterCard</div> <div>Discover</div> </div>			
Card Number			
Expiration Date			
CVC			
Billing Information			
Street Address			
City	State	Zipcode	