

## INDIVIDUAL REQUEST FOR CE COURSE APPROVAL

Form is fillable

### General Instructions

Use this form to request continuing education credit for a CE course/educational activity not previously approved by the Board. (K.A.R. 117-6-1(c)(2))

- **Complete all fields below;** *incomplete applications will be rejected.* Submit a separate form for each course.
- **All Supporting documentation must be attached:** Course Description, Course Syllabus, Instructor Qualifications, Certificate of Completion
- **Payment of \$50 Individual Course fee is required per course;** complete attached payment authorization form OR mail check/money order payable to KREAB.
- Submit completed request form along with supporting document and payment via email to [kreab@ks.gov](mailto:kreab@ks.gov) or by mail to: Kansas Real Estate Appraisal Board, 700 SW Jackson St, Ste 804, Topeka KS 66603

**Note:** *If the course was provided in another state and was approved by the appraisal regulatory agency in that state, no individual approval is required. Asynchronous or distance education courses must be AQB and IDECC approved. Individual requests for CE credit shall not exceed the required minimum of 14 hours per renewal.*

### Appraiser Information

|                |                |
|----------------|----------------|
| Appraiser Name | License/Cert # |
| Home Address   | Email          |

### Course Information

|                                                               |                                          |
|---------------------------------------------------------------|------------------------------------------|
| Course Title                                                  |                                          |
| Course Provider                                               | Instructor Name                          |
| Course Location (select one)                                  | Classroom/Synchronous*      Asynchronous |
| *If course was classroom (in-person), provide location: _____ |                                          |
| Course Date                                                   | Credit Hours Requested                   |
| Appraiser Signature                                           | Date Signed                              |

### FOR BOARD USE ONLY

Approval Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## PAYMENT AUTHORIZATION FORM

This form is fillable

### CARD PAYMENT INFORMATION

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