



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**COUNCIL ON REAL ESTATE APPRAISERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR APPROVAL OF EDUCATIONAL ACTIVITY**

Enter Name and Address of Contact to Whom Response Should Be Mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

**When to Submit**

Complete and submit this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Real Estate Appraisers license or certification in Delaware. The Council must approve all CE courses even if a course is AQB- or IDECC-approved. Either a Delaware-licensed or certified Real Estate Appraiser or a program provider may submit a request.

**For full details on CE requirements, see Sections 2.3 – 2.5 of the Council's [Rules and Regulations](#).  
Courses that the Council has approved are listed on [Approved Education](#).**

**Documentation Required**

- Submit completed request form.
- If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware-licensed or certified Real Estate Appraiser submits the request, no fee is required.***
- Enclose a detailed outline of the course offering. The outline must include the time spent on each topic. Also, explain the activity's educational objective and testing method (if any).
- If the course is AQB- or IDECC-approved, enclose proof of the approval.
- Enclose a current resume for each instructor.
- If the course is a USPAP course, submit proof of USPAP instructor approval/certification.
  - For all USPAP courses, the instructor must maintain current USPAP certification/approval by the AQB.

**REQUESTER COMPLETES THIS SECTION**

1. Requester (check one):  Course Provider  Delaware Licensee
2. If you are a Delaware-licensed Real Estate Appraiser requesting approval of a course, enter:  
Your Name: \_\_\_\_\_ Delaware License #: **X** - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_
3. Enter the following information about the course provider:  
Name: \_\_\_\_\_  
Contact/CE Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip code  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**REQUESTER COMPLETES THIS SECTION, Continued**

4. Course Title: \_\_\_\_\_

**Enclose a detailed outline of the course offering that includes time spent on each topic, educational objective and testing method (if any).**

5. Program Type:  Continuing Education     Qualifying Education

6. Instruction Method:  Classroom     Online     Other: \_\_\_\_\_

Has this program received AQB or IDECC approval? Yes  No  **If yes, submit proof of approval.**

7. Date(s) Offered: \_\_\_\_\_

8. List all course instructors:

**Enclose a current resume for each instructor. If this is a USPAP course, submit the instructor's current AQB certification/approval.**

INSTRUCTOR NAME	TITLE

9. Is a completion certificate or other proof of attendance supplied? Yes  No

10. **Total Hours Requested (Excluding Breaks):** \_\_\_\_\_

**Submit this request, fee (if applicable) and all supporting documentation to the Delaware Council on Real Estate Appraisers at the address above *no later than 60 days before the scheduled course offering.***  
If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us).

**COUNCIL OFFICE COMPLETES THIS SECTION**

Council Review Date: \_\_\_\_\_

Approved for \_\_\_\_\_ hours    QE  CE     Approval expiration date: \_\_\_\_\_

***If this course is approved by AQB and/or IDECC, the Delaware Council's approval is contingent on the provider maintaining the AQB and/or IDECC approval(s) for both the course and instructor(s).***

Tabled - List reason(s) below.     Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Council Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_