

Courses must be certified by the Assessor Education Advisory Committee

Title of course: _____

Sponsoring organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of course: _____

Is this approval request for an online course? Yes _____ No _____

Total hours of credit:* _____ Tested hours:* _____ Non-tested hours:* _____

***When calculating hours, please do not include break, lunch, or test/quiz time**

WHEN APPLYING FOR COURSE CERTIFICATION, THE FOLLOWING INFORMATION MUST BE INCLUDED:

- 1) Copy of Course Outline (which includes a breakdown of the hours for the day)
- 2) Final Examination (if tested)
- 3) Name, Address, and Qualifications of Instructor

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Instructor: _____ Date: _____

Or Sponsoring Official: _____

Email address for person to contact with questions: _____

Mail To: Assessor Education
Property Tax Division
Iowa Department of Revenue
PO Box 10469
Des Moines, IA 50306-0469