

Courses Must be Approved/Certified by the Assessor Education Advisory Committee

REQUEST FOR COURSE APPROVAL FORM

Title of Course: _____

Sponsoring Organization: _____

Address: _____

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

Signature of Instructor: _____ Date: _____

Or Sponsoring Official: _____ Date: _____

Email address for person to contact with questions: _____

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