

APPLICATION FOR COURSE CERTIFICATION

**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 _____

*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 _____
Or Sponsoring Official _____ Date _____

Mail To: Assessor Education Advisory Committee
Iowa Department of Revenue
Property Tax Division
Hoover State Office Building
1305 E. Walnut Street
Des Moines, Iowa 50319