

Arkansas Appraiser Licensing and Certification Board

900 West Capitol Avenue, Suite 400 Little Rock, AR 72201 501-296-1843 www.arkansas.gov/alcb

FORM ECIPA-210

Education Application: Instructor

APPLICATION FOR INSTRUCTOR

(Provide a separate application and attach a resume for each individual instructor.)

PROVIDER NAME	<u> </u>			
COURSE TITLE _				
For:	Continuing Education	Qualifying Educa	tion	Both
Name				
Address				
City, State, Zip				
Email Address			Phone	
State Appraiser License/Certifica	tion#		AQB USPAP Certification #	
As a guide, instru after meeting on	DARDS FOR INSTRUCTOR uctors for qualifying and/or cole or more of the following mitance to teach a particular col	nimum qualifications. Me		•
	JCATION: pachelor's degree in any field a hree (3) years of experience d			
	naster's degree in any field ar o be taught; or	nd two (2) years of apprais	sal experience direct	ly related to the subject
Holds a doctorate in a field that is directly related to the subject matter to be taught; or				
	e (3) years or 300 classroom hect matter to be taught.	ours of real estate apprai	sal teaching experie	nce directly related to
CONTINUING ED Has three	UCATION: e (3) years of experience direc	ctly related to the subject	matter to be taught,	; or
Holds a bachelor's or higher degree in a field directly related to the subject matter to be taught; or				
Holds three (3) years of experience teaching the subject matter to be taught.				
I certify that I ha my knowledge a	ve presented true statements nd belief.	throughout this applicati	on form that can be	verified to the best of
Signature of App	licant		 Date	