

SOUTH CAROLINA APPRAISERS BOARD DISTANCE EDUCATION COURSE APPLICATION

PLEASE RETURN TO: SC LLR – APPRAISERS BOARD, P. O. Box 11847, COLUMBIA, SOUTH CAROLINA 29211-1847

I. PERSONAL INFORMATION

NAME OF PROVIDER: _____

POINT OF CONTACT: _____

ADDRESS: _____ TELEPHONE: _____

_____ FAX PHONE: _____

E-MAIL: _____ WEB ADDRESS: _____

II. COURSE INFORMATION

APPRAISAL COURSE TITLE: _____

TOTAL HOURS OF COURSE: _____ QUALIFYING EDUCATION: _____ CONTINUING EDUCATION _____

THIS COURSE WILL DIRECTLY PROTECT THE PUBLIC INTEREST BY:

III. DELIVERY METHOD

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Satellite/TV |
| <input type="checkbox"/> Computer (CD) | <input type="checkbox"/> Other _____ |

IV. INSTRUCTOR INFORMATION

Name of Approved Instructor (s): _____

Instructor(s) have completed course by using designated delivery method: Yes No

Explain how instructor will be available to convey course information and answer inquiries from students:

V. INTERACTIVITY

Explain how interactivity will be promoted between the instructor and the student in this course.

Describe any other strategies that promote interaction in this course (student-student, student-content, etc.).

What is the maximum number of students that will be assigned to an instructor of this course at any one time?

VI. THE AMERICAN WITH DISABILITIES ACT (ADA)

THE AMERICAN WITH DIABILITIES ACT (ADA). Any private entity that offers courses or examinations related to licensing for professional or trade purposes must offer such courses or examinations in a place and manner accessible to all persons, or offer alternative but equal arrangements. This may include the provision of auxiliary aids and services for persons with disabilities. For more information contact your Equal Employment Opportunity Commission.

VII. ACKNOWLEDGEMENT OF RESPONSIBILITIES

I hereby certify that all information supplied herein and on all attachments is true and accurate to the best of my knowledge. By my signature below, I certify that this distance learning course will be administered and updated accordingly.

Personal information provided in this application may be subject to public scrutiny or release under the South Carolina Freedom of Information Act or other provisions of Federal and State law.

Signature: _____ Date: _____

APPLICATION CHECKLIST

Has this appraisal distance education course undergone AQB Course Approval Program (CAP)? Yes___ No___ If Yes, please attach course approval document from AQB.

NOTE: Course will not be reviewed for approval until all documentation is received and submitted in the proper format.

ENCLOSED WITH THIS APPLICATION ARE:

- NONREFUNDABLE** fee
- \$100 for courses less than 15 hours
- \$200 for courses 15 hours or more

The following documents must be submitted on CD or Flash Drive

- all course materials (text and handouts)
- description of the course and a copy of any advertising
- course outline - objectives/learning outcomes (see next page)
- course evaluation forms
- copy of Primary/Secondary Provider Application submitted to IDECC
- copy of IDECC certification and summary sheet.

