UNIFORM REQUEST FOR RECERTIFICATION CREDIT

This form was developed for your convenience in reporting continuing education to various appraisal organizations. It does not imply automatic acceptance by any organization of an educational program. Each appraisal organization retains its own recertification requirements and procedures for requesting credit. A copy of the program brochure or outline may be required.

1. This form must be completed in its entirety. PLEASE TYPE OR PRINT!
2. Please submit a copy to each organization from which you are requesting credit.
3. It is suggested that you keep a photocopy of each form submitted.

STATE LICENSE # __________________________________________ TYPE OF LICENSE ________________________________

ORGANIZATION TO WHICH SUBMITTED __________________________ DESIGNATION ___________________________

MEMBER NAME ____________________________________________ MEMBER # ___________________________

URISA & International Association of Assessing Officers SPONSORING ORGANIZATION ________________________

Virtual PROGRAM LOCATION ____________________________

24th GIS/CAMA Technologies Conference TITLE OF PROGRAM ____________________________

March 22-26, 2021 PROGRAM DATES __________________________

See program for details INSTRUCTOR / PRESENTERS __________________________

Program features three concurrent education tracks offering 21 sessions, plus 5 general sessions. The three tracks include 1) Modeling and Valuation, 2) GIS Technologies and 3) Leadership Development & Policy.

DESCRIPTION OF ACTIVITY AND CONTENT

______________________________________________________

EVIDENCE OF COMPLETION (SIGNATURE OF INSTRUCTOR OR PROGRAM OFFICIAL)

I certify that I have completed the above-described professional activity. I am aware that any misrepresentations by me may become subject to disciplinary action.

SIGNATURE OF MEMBER __________________________ DATE ________________

TITLE OF EDUCATIONAL PROGRAM DESCRIBED ABOVE

FOR OFFICE USE ONLY

MEMBER NAME ____________________________________________

MAILING ADDRESS __________________________________________

CITY __________________________ STATE / PROVINCE __________ ZIP CODE __________