



**International Association of Assessing Officers**

314W. 10<sup>th</sup> Street, Kansas City, MO 64105 USA Voice: 816-701-8100 Fax: 816-701-8169  
 CAE AAS CMS RES PPS Professional Designations

**Application for Certified Programs**  
*(Instructor provided by sponsoring organization)*

Please submit a separate application for each program. Please print or type.		
Program #	Program Title	
Dates Program to be Offered	City and State of Program Site	
Sponsoring agency name <i>(please do not use acronyms, please spell out)</i>		
Co-Sponsoring agency name <i>(if applicable)</i>		
Contact Name (Education Coordinator)	Title	
Organization/Jurisdiction/Firm	Phone Number	
Business Address	Fax Number	
Business Address	E-mail	
City	State/Prov.	Postal Code
Program facility's on-site address		
Facility's Phone Number	Facility's Fax Number	
Please describe facility		
Would you like this offering to be listed in the Education Calendar on the IAAO website and the <i>Fair &amp; Equitable</i> publication? <input type="checkbox"/> Yes* <input type="checkbox"/> No		
*Please note, we must have at least 3 months notification. Indicate below the agency to be listed as "sponsoring agency" and person to contact (include complete address and telephone number).  Person: _____ Phone: _____  Address: _____		
Estimated enrollment in program		

Name(s) of instructor(s) and percent to be taught by each:

(1) Name: \_\_\_\_\_ %

Is this instructor from the IAAO Approved Instructor Listing?

- Yes, please indicate type:  Trainee  Regular  Senior/Senior Specialty  
 No

Is this an In-State Instructor?  Yes  No

To ensure that this person qualifies as a Local Instructor, please submit the following:

- Copy of their ITW completion certificate or letter, and  
 Copy of their completion certificate, examination report, or transcript indicating that they have successfully completed the program you wish them to instruct.

(2) Name: \_\_\_\_\_ %

Is this instructor from the IAAO Approved Instructor Listing?

- Yes, please indicate type:  Trainee  Regular  Senior/Senior Specialty  
 No

Is this an In-State Instructor?  Yes  No

To ensure that this person qualifies as a Local Instructor, please submit the following:

- Copy of their ITW completion certificate or letter, and  
 Copy of their completion certificate, examination report, or transcript indicating that they have successfully completed the program you wish them to instruct.

#### Class Schedule

Please indicate at least: one 15 minute morning break each day, one 1 hour lunch break each day, one 15 minute afternoon break each day, total instructional hours must total 30 hours for courses and the assigned number of hours for workshops, and allow 3.5 hours for a course exam and 2.5 hours for a workshop exam (in addition to the instructional hours). Only 1.0 hour is allowed for the USPAP exam.

#### Shipping Address

Please indicate where the program materials are to be shipped. If they are to be sent to the education coordinator, indicate "coordinator" below. Please provide a physical address, no PO Boxes.

#### Billing Address

Please indicate where IAAO should send the billing invoice for this program. Include name, address and telephone number. Please detail any specific instructions that may be necessary. If billing should be sent to the education coordinator, indicate "coordinator" below.

In making this application, I certify that I have received a copy of the Certified Program Agreement pages and agree to the terms contained therein.

Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
(signature of education coordinator)

Please print or type

Name: \_\_\_\_\_ Title: \_\_\_\_\_