

**State of Florida**  
**Department of Business and Professional Regulation**  
**Florida Real Estate Appraisal Board**  
**Education Course Approval Application**  
**Form # DBPR FREAB 20**

**CHECK ACTION REQUESTED**

**Board:**

- Florida Real Estate Appraisal Board (FREAB)

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

**APPLICATION REQUIREMENTS**

**Applicants requesting course approval must submit:**

- Fees:
- Florida Real Estate Appraisal Board: \$200 per initial application (Provider only, \$0 for schools)
  - Florida Real Estate Appraisal Board: \$100 per renewal per course (Provider only, \$0 for schools)
  - Make check payable to the Florida Department of Business and Professional Regulation.
- Appropriate supporting documentation as per Section IV of the application.

**Please mail your completed application, documentation and required fee(s) to:**

Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, FL 32399-0750

**State of Florida  
 Department of Business and Professional Regulation  
 Florida Real Estate Appraisal Board  
 Education Course Approval Application  
 Form # Pending**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.  
**For additional information see the Instructions at the end of this application.**

**Section I – Application Board**

| CHECK ACTION REQUESTED  |
|---|
| <b>Board:</b><br><input type="checkbox"/> Florida Real Estate Appraisal Board (FREAB) |

**Section II – Applicant Information**

| REQUESTOR INFORMATION<br>(Permit holder or point-of-contact)        |       |                        |       |        |
|---|-------|------------------------|-------|--------|
| Identifying Number (school permit or provider number-if applicable) |       |                        |       |        |
| Last Name   | First | Middle                 | Title | Suffix |
| Organization Name   |       |                        |       |        |
| BUSINESS MAILING ADDRESS  |       |                        |       |        |
| Street Address or P. O. Box   |       |                        |       |        |
| Suite or Office Number  |       |                        |       |        |
| City  | State | Zip Code (+4 optional) |       |        |
| County (if Florida address)   |       | Country                |       |        |
| CONTACT INFORMATION   |       |                        |       |        |
| Phone Number  |       | Email Address          |       |        |
| PHYSICAL BUSINESS ADDRESS   |       |                        |       |        |
| Street Address of P. O. Box   |       |                        |       |        |
| Suite or Office Number  |       |                        |       |        |
| City  | State | Zip Code (+4 optional) |       |        |
| County (if Florida address)   |       | Country                |       |        |

**Section III – Course Information**

| <b>COURSE INFORMATION FREAB</b>   |   |
|---|---|
| <b>Type of Education (choose only one)</b>  |   |
| <b>Continuing Education:</b>  | <b>Pre Licensure:</b>   |
| <input type="checkbox"/> Florida Law Update<br><input type="checkbox"/> National USPAP Update<br><input type="checkbox"/> Specialty<br><input type="checkbox"/> Supervisor and Trainee Course | <input type="checkbox"/> Trainee<br><input type="checkbox"/> National USPAP<br><input type="checkbox"/> Certified Residential<br><input type="checkbox"/> Certified General<br><input type="checkbox"/> Supervisor and Trainee Course |
| <b>Distance Continuing Education:</b>   | <b>Post Licensure:</b>  |
| <input type="checkbox"/> Florida Law Update<br><input type="checkbox"/> National USPAP Update<br><input type="checkbox"/> Specialty<br><input type="checkbox"/> Supervisor and Trainee Course | <input type="checkbox"/> Certified Residential<br><input type="checkbox"/> Certified General<br><input type="checkbox"/> Trainee  |
| <b>Delivery Mechanism (choose only one):</b>  |   |
| <input type="checkbox"/> <b>Classroom</b><br><input type="checkbox"/> <b>Distance</b><br><input type="checkbox"/> <b>Other:</b> _____   |   |

**Section IV – Application Type**

| <b>Application Type (choose only one)</b>   |                 |
|---|-----------------|
| <input type="checkbox"/> - NEW <input type="checkbox"/> - RENEWAL <input type="checkbox"/> - UPDATE |                 |
| Course Title:   |                 |
| Course Number (Updates and Renewals Only)   | Hours Requested |
| Title of Course Material  |                 |

**Section V – Supporting Documentation**

**Directions:** Please attach the following supporting documentation to this application. An application that is not supplemented with the proper supporting documentation will be deficient.

**ALL INITIAL COURSE APPROVALS MUST SUBMIT:**

- 1. Course timed outline**
  - a. Attach a course outline specifying subjects, major topics, and subtopics to be covered in the course.
- 2. Learning Objectives**
  - a. Three per hour.
- 3. Course Materials including explanation of delivery method**
- 4. Submit Education Provider Approval Application form number pending.**
- 5. Instructor Information (for Providers Only)**
  - a. Submit application number (pending) for each instructor for each course and attach a resume for each.
    - i. The resume for each should include:
      1. Education history
      2. Any and all qualifying experience
      3. Publications (if applicable)
      4. Other information relative to his or her qualifications to teach the course
- 6. Five end of course examinations (for distance education courses only)**
  - a. Each examination must be multiple choice and 4 answer choices per questions
- 7. Answer Keys (for distance education courses only)**
  - a. An answer key for each final exam.
  - b. Must reference the page number(s) containing the information on which each question and correct answer is based.

**Section V – Supporting Documentation - continued**

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| <p><b>ALL COURSE RENEWAL APPROVALS MUST SUBMIT:</b></p> <ol style="list-style-type: none"> <li><b>1. Current Approval Letter-</b> Attach a copy of the original course approval letter received from DBPR following the initial approval of the course.</li> <li><b>2. Instructor Information (if any changes from initial approval for Providers Only)</b> <ol style="list-style-type: none"> <li>a. Submit Request for Instructor Evaluation form number pending</li> <li>b. List the instructors and alternative instructors for each course and attach a resume for each.                             <ol style="list-style-type: none"> <li>i. The resume for each should include:                                     <ol style="list-style-type: none"> <li>1. Education history</li> <li>2. Any and all qualifying experience</li> <li>3. Publications (if applicable)</li> <li>4. Other information relative to his or her qualifications to teach the course</li> </ol> </li> </ol> </li> </ol> </li> <li><b>3. Course Materials</b></li> <li><b>4. Five End of Course Exams with answer keys (distance only)</b></li> <li><b>5. Summary of Changes</b></li> </ol> |
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**Section VI – Permit Holder/Point of Contact Affirmation by Written Declaration**

| PERMIT HOLDER/POINT OF CONTACT AFFIRMATION BY WRITTEN DECLARATION  |       |
|--|-------|
| <p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b></p> |       |
| Signature:   | Date: |
| Print Name:  |       |

## INSTRUCTIONS

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

### 1. General Requirements

- a. This form is required if you are an Education Provider or Real Estate School and you are applying to have a education course approved or renewal.
- b. Course approval is valid for two (2) years from the date of issue, provided no substantial change is made in the course and the approval status of the provider has not expired, or been suspended or revoked.

### 2. Application Instructions (by section)

#### a. Section I – Application Board

- i. Please check the appropriate board

#### b. Section II- Applicant Information –Requestor Information

- i. Identifying Number – If you are a licensed real estate school, this will be your permit number; if you are a board approved Provider, this is your seven digit reporting number.
- ii. Name Information – This is to be filled out by your point of contact.
- iii. Organization Name – this is the name that appears on your school license or provider permit.
- iv. Business Mailing Address – This is where all correspondence concerning this application will be mailed.
- v. Contact Information – This is the most direct way for our staff to communicate with the person within your organization responsible for submitting this application (your point of contact). This information is not given to the public; it is strictly used for communicates concerning your application.
- vi. Physical Business Address – If your mailing address is different from your physical location, you will need to fill this section.

#### c. Section III – Course Information

- i. Type of Education
  - (1) This is where you select the educational requirement your course is intended to fulfill.
  - (2) Continuing Education FREAB – Appraisal Board licensees have three continuing educational requirements: “Specialty” credit, USPAP credit and “Law” credit. Courses can be created that fulfill the “Specialty” credit separately from the USPAP and law courses.
  - (3) Qualifying Education FREAB – these are courses that an individual needs to become a Trainee, Certified Residential appraiser, or a Certified General appraiser. These courses may be used by a licensee that requires reactivation education due to non-compliance with the renewal. These courses may be submitted as classroom or distance education.
- ii. Delivery Mechanism-When filling out this application, please be sure to indicate how this course will be presented to the students. This must be completed for all types of education.

#### d. Section IV- Application Type – this indicates how you want to have your application evaluate by the Department

- i. New – This is for an initial request to have a course approved under your School/Provider.
- ii. Renewal – This is to have a course renewed. Please note renewals can only be submitted 120 days prior to a course expiration date. If your course approval has lapsed or will lapse within 30 days of submitting the application you will need to file a new course application.
- iii. Update – this is used if you have made signification changes to your course and need to have it evaluated by the Department prior to the 120 day renewal period.
- iv. Course Title – this is the course name that will appear on any correspondence concerning this application, as well as on your approval letter.
- v. Course Number – this is a seven digit number assigned by the department and only relevant for Update and Renewal applications.
- vi. Hours Requested – the number of hours your course is to be evaluated/approved for.

- vii. Title of Course Material – This information will appear on several different approval letters and is vital if you are using a course that was created by a course developer/publisher.
- e. Section V- Supporting Documentation**
  - i. Attach the required supporting documentation for your application type.
- f. Section VI- Affirmation by Written Declaration**
  - i. Each applicant must sign the affirmation by written declaration.
  - ii. Real Estate School requires Permit Holder's signature and Provider requires Point of contact's signature.