

Instructions for Completing Form 2090a

Request for Course Evaluation - FREAB

Requestor Information

- a) Identifying Number – If you are a licensed real estate school this will be your permit number; if you are a board approved Provider or a National or State Recognized Appraisal Organization, this is your seven digit reporting number.
- b) Name information – This is to be filled out by your point of contact.
- c) Organization name – This is the name that appears on your school license or provider permit.

Business Mailing Address

This is where all correspondence concerning this application will be mailed.

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 communications concerning your application.

Physical Business Address

If your mailing address is different from your physical location, you will need to fill this section out.

Course Information

- a) Type of Education – This is where you select the educational requirement your course is intended to fulfill.
 - Continuing Education – licensees have three continuing educational requirements: “Specialty” credit, USPAP credit and “Law” credit. Courses can be created that fulfill the “specialty” requirement separately from the USPAP and law courses.
- b) Delivery Mechanism – Application requirements for delivery method depend on what type of educational credit you are requesting. When filling out this application, please be sure to indicate how this course will be presented to the students.
- c) Application Type – This indicates how you want to have your application evaluated by the department.
 - New – This is for an initial request to have a course approved under your School/Provider.
 - Renewal – This is to have a course renewed. Please note renewals can only be submitted 90 days prior to a courses 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.
 - Update - This is used if you have made significant changes to your course and need to have it evaluated by the department prior to the 90 day renewal period.
- d) Course Title – This is the course name that will appear on any correspondence concerning this application, as well as on your approval letter.
- e) Course Number – This is a seven digit number assigned by the department and only relevant for Update and Renewal applications.
- f) Hours Requested – The number of hours you want your course to be evaluated/approved for.
- g) 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.

Required Signatures

Real Estate School requires Permit Holder’s signature and Provider requires Point of Contact’s signature.

DBPR RE-2090a Request for Course Evaluation - FREAB
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 1940 North Monroe Street
 Tallahassee, FL 32399-0750
 Customer Contact Center: 850.487.1395
www.MyFloridaLicense.com

REQUESTOR INFORMATION (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				
Primary Phone Number		Primary e-mail Address		
PHYSICAL BUSINESS ADDRESS				
Street Address or P.O. Box				
Suite or Office Number				
City		State	Zip Code (+4 optional)	
County (if Florida address)			Country	

COURSE INFORMATION	
Type of Education (choose only one):	
Continuing Education: <input type="checkbox"/> Florida Law Update <input type="checkbox"/> National USPAP Update <input type="checkbox"/> Specialty <input type="checkbox"/> Combination	Pre Licensure: <input type="checkbox"/> Trainee <input type="checkbox"/> National USPAP <input type="checkbox"/> Certified Residential <input type="checkbox"/> Certified General
Distance Continuing Education: <input type="checkbox"/> Florida Law Update <input type="checkbox"/> National USPAP Update <input type="checkbox"/> Specialty <input type="checkbox"/> Combination	Post Licensure: <input type="checkbox"/> National USPAP <input type="checkbox"/> Residential Topics
Application Type (choose only one) <input type="checkbox"/> - NEW <input type="checkbox"/> - RENEWAL <input type="checkbox"/> - UPDATE	
Course Title	
Course Number	Hours Requested
Title of Source Material	

Permit Holder/Point of Contact:

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Print Name: _____

Submitted by (signature): _____ **Date:** _____