



APPRAISER CONTINUING EDUCATION (ACE) COURSE APPLICATION FOR SECONDARY PROVIDERS

To be used by a secondary provider when requesting approval to offer
a course currently approved for another provider.

P.O. Box 12188, Austin, Texas 78711-2188

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
COURSE APPLICATION				

DO NOT WRITE ABOVE THIS LINE

1. Course Application Fees:

\$50.00 base fee plus \$5.00 per credit hour: $\$50.00 + (\$5 \times \underline{\hspace{2cm}}) = \underline{\hspace{2cm}}$
of hours TOTAL

2. Provider Information (Applicant):

Provider Name _____ Provider Number (if assigned) _____
 Phone Number _____ Email Address _____

3. Registered Course Title:

4. Course Number:

5. Name of Provider originally approved to offer this course.

Provider Number

6. Delivery Method: Classroom Distance Education*

*Distance education courses must be certified by an AQB approved distance education certification organization. A copy of the certification for the primary and secondary providers must be included with this application.

CERTIFICATION STATEMENTS

I represent that I am the provider or provider designate requesting approval to offer this course. I represent that I have permission from the provider currently approved to offer this course and will offer it in the same manner as originally approved.

Printed Name _____ Title _____

Signature _____ Date _____

I represent that I am the author/owner of the above referenced course or otherwise have the authority to grant permission for the use and reproduction of the material and that the provider listed in item #2 of this form is hereby granted permission to use the course.

Printed Name _____ Title _____

Signature _____ Date _____