



NORTH CAROLINA APPRAISAL BOARD

5830 SIX FORKS ROAD

RALEIGH, NC 27609

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**AFFIDAVIT OF CONTINUING EDUCATION
FOR
NON-RESIDENT LICENSEES OF NORTH CAROLINA**

All registered, licensed, and certified appraisers, except those initially licensed in North Carolina on or after January 1, 2025, must complete 28 hours of continuing education between June 1, 2023, and May 31, 2025, to be eligible to renew by June 30, 2025.

In accordance with 21 NCAC 57A .0204(i), licensees that reside in another state **AND** are currently licensed by another appraiser certification regulatory body, may satisfy the continuing education requirement by having Board approved course sponsors report the CE directly to us or by submitting this affidavit form. When submitting the affidavit form, you must show **all** 28 hours. Seven of the 28 hours must be the 2024-2025 7-Hour USPAP Update course.

Instructions: You may attach a printout or transcript showing your course completions between June 1, 2023, and May 31, 2025, or fill in the information below. Any attachment must include the a) course provider, b) appraiser regulatory body where the CE was approved and claimed through, c) course title, d) number of hours and e) the course completion date. Include additional sheets as necessary.

Return your completed affidavit via email to: ncab@ncab.org. Affidavits received after June 10, 2025, may delay your ability to renew on time. Letters of good standing are no longer accepted for license renewal verification.

Full Name (print clearly): _____

NC License Number: _____

Course Provider	State CE Approved /Claimed Through	Course Title	Hours	Date Completed

Total Hours: _____

I hereby certify that the information provided in this affidavit is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or failure to make full disclosure constitutes grounds for denial of continuing education approval. I also understand that the awarding of credit for such activities is wholly discretionary on the part of the North Carolina Appraisal Board. I understand that I may be subject to an audit based on 21 NCAC 57A .0204.

Signature: _____ Date: _____