NORTH CAROLINA APPRAISAL BOARD

5830 Six Forks Road, Raleigh, NC 27609 Phone: (919)870-4854 Fax: (919)870-4859 Website: ncappraisalboard.org

Instructor Application Qualifying Education

| Board Use Only | | | | | | | |
|---------------------|-------|------|----|--|--|--|--|
| Previously Approved | | | | | | | |
| | □ Yes | □ No | | | | | |
| | A | D | By | | | | |
| Residenti | ial | | | | | | |
| General | | | | | | | |
| USPAP | | | | | | | |
| Statistics | | | | | | | |
| Date: | | | | | | | |
| Commen | ts: | | | | | | |

Instructions: Application for qualifying education instructor approval must be made on this form. Applicants may not attach a resume in lieu of completing this form or any portion thereof. The Appraisal Board reserves the right to demand verification of education/experience or any other relevant information prior to making a determination on any application. Instructor Name: List the course provider(s) you will be instructing for: Indicate which program(s) approval is being sought: ☐ Trainee/Residential Program ☐ Trainee/General Program \square USPAP □ Statistics Note: If you are applying for approval to teach the 15 hour National USPAP course, please attach a copy of your current AQB certificate to this form. If you are applying for approval to teach Statistics, Modeling & Finance, proof of completing this class, or having completed 3 semester hours of statistics in an accredited college or university will be required. **Instructor Information:** Address: _____ Phone: (_____) ____ Email Address: ____ Have you ever been Board approved to teach qualifying education? ☐ Yes \square No Please indicate the sponsor's name and approximately the time period that you were approved: Indicate which program(s) you were approved for: □ R Program/Residential □ G Program/General \Box USPAP □ Statistics

| Licensing/ | Certification History: | State | Original Cert. Date (Mo/Yr) | To (Mo/Yr) | License | Number |
|--------------|---|--------------------------|---|---------------------------|---------------|--------------|
| Lio | censed Residential Appraiser | | | | | |
| Ce | rtified Residential Appraiser | | | | | |
| Ce | rtified General Appraiser | | | | | |
| List any otl | ner professional/occupational li | cense(s) o | r any professional | designation(s) cur | rrently or p | reviously |
| held in this | State or any other State: | | | | | |
| Character | | | | | | |
| | arding Professional Licenses: | | | | | |
| a. | Have you ever been denied a | trainee reg | gistration, or an ap | praiser license | | |
| | or certificate in NC or any other | | | • | \square Yes | \square No |
| b. | Have you ever had any disciplinary action taken against a trainee registration or appraiser license or certificate in NC or any other state? | | | | | □ No |
| c. | c. Are there currently any charges pending against you in connection with any professional license in NC or any other state? | | | | □ Yes | □ No |
| | IF ANY OF THESE ANSWERS ARE "YI ORDER AS WELL AS ANY OTHER DO PROVIDE A COMPLETE WRITTEN EX THIS APPLICATION. | CUMENTATI | ON REGARDING THE C | CASE. YOU MUST ALSO | 9 | |
| II. Reg | garding Criminal Offenses: | | | | | |
| d. | Have you ever been convicted criminal offense in NC or any | _ | | contest to any | □ Yes | □ No |
| e. | Are there currently any crimi or any other state? | nal charge | s now pending aga | ninst you in NC | □ Yes | □ No |
| | "CRIMINAL CHARGES" DO NOT INCLUDE SPEEDING OR PARKING VIOLATIONS. THEY DO INCLUDE DRIVING WHILE INTOXICATED OR WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS. IF YOU BELIEVE A CHARGE HAS BEEN ERASED FROM YOUR RECORD OR EXPUNGED, YOU MUST CHECK WITH THE APPROPRIATE COURT TO MAKE SURE THIS HAS HAPPENED. | | | | | |
| | IF ANY OF THESE ANSWERS ARE "YI ARREST WARRANT, OR BILL OF INDI OR PAROLE IF APPROPRIATE. YOU EXPLANATION OF EACH CHARGE O | ICTMENT. IN MUST ALSO | ICLUDE A RELEASE FR PROVIDE A COMPLETA | OM PROBATION E WRITTEN | | |
| | RULE 57B.0306(f) PROVIDES THAT IN REPRIMAND, SUSPENSION (ACTIVE APPRAISER'S LICENSE OR CERTIFIC OF THIS APPLICATION. | OR INACTIVI | E), OR REVOCATION O | F THEIR | | |

| Do you have at least two years' full-time experience, consisting of 1500 hours per year, as a certified residential or general real estate appraiser within the previous five years, with at least one-half of the experience in residential property appraising? | □ Yes | □ No |
|--|--------------|------|
| If you wish to teach the general appraisal courses, please answer the following: Do you have three years' full-time experience as a general real estate appraiser within the previous five years, with at least one-half of the experience in income property appraising? | □ Yes | □ No |
| Signature of Applicant: I certify that the information provided in this application is trubest of my knowledge. I understand that any omission, inaccuracy or failure to make fu constitutes grounds for denial of instructor approval and for denial/withdrawal of the ap sponsoring school. | ıll disclosu | ıre |
| Signature: Date: | | |

Experience: