

PROFESSIONAL LICENSING AGENCY REAL ESTATE APPRAISER LICENSURE AND CERTIFICATION BOARD 402 West Washington Street, Room W072 Indianapolis, Indiana 46204 Telephone: (317) 234-3022 Fax: (317) 233-4236 E-mail: pla10@pla.in.gov

Name of sponsor		Continuing Education sponsor number		Date (month, day, year)
NAME OF NEW DIRECTOR: (Include verification of degree (transcript) if applicable, and resume indicating qualifications.)				
☐ INSTRUCTOR(S): (Attach an instructor application for all instructors not previously approved. Do not indicate instructors that have been previously approved for you.)				
COURSE TITLE(S)	INSTRU	CTOR NAME(S)	INSTRUC	TOR PERMIT NUMBER
■ NEW OR CHANGING COURSE(S): (Include detailed outline for each course.) Indicate number of hours in the "Course Hours" box.				
COURSE TITLE(S)				COURSE HOURS
BOARD COMMENTS:				
SIGNED:				