



**APPROVED LEVEL III ASSESSOR-APPRAISER COURSE SPONSOR  
COURSE APPROVAL APPLICATION**

State Form 55804 (3-15)  
Prescribed by the Department of Local Government Finance

Name of Course Sponsor: \_\_\_\_\_  
Mailing Address (number and street or PO Box): \_\_\_\_\_  
City, State, and ZIP: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Course Start Date (month, day, year): \_\_\_\_\_ Course End Date (month, day, year): \_\_\_\_\_  
Credit Hours Offered: \_\_\_\_\_ Exam Hours Offered: \_\_\_\_\_  
Please provide the location(s) where the course will be offered: \_\_\_\_\_  
\_\_\_\_\_

**General Subject Matters Taught:** The course must deal with one of the following qualifying general subject matters (check one):

- Fundamentals of Real Property Appraisal
- Income Approach to Value
- Fundamentals of Mass Appraisal
- Assessment Administration
- Uniform Standards of Professional Appraisal Practice

Briefly explain how the course qualifies as a substantially equivalent course. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach to this application the required documentation concerning course materials and policies (see Instructions).*

**Statement of Applicant**

I hereby certify that all information in this application is true and correct to the best of my knowledge and that I am the person legally authorized to sign this application. I understand that providing false information on this application may result in the revocation of the approval I am requesting.

\_\_\_\_\_  
Printed Name Signature Date (month, day, year)

**Instructions:** Indiana Code 6-1.1-35.5-4.5 requires the Department of Local Government Finance to develop a core curriculum for certifying individuals as Level Three Assessor-Appraisers and implement a program for the approval of coursework for Level Three Assessor-Appraiser certifications. The Department must also establish procedures and requirements that permit the Department to verify that courses meet the standards established by the Department. This application must be used when applying for approval of a course for the Level Three Assessor-Appraiser Curriculum under 50 IAC 15-3-7. **A separate application must be filed for each course submitted for approval.**

All items on this form must be completed (enter "N/A" for any item that is not applicable) and all required attachments must be submitted with the application. This application must be submitted to the Department **no later than one hundred and eighty (180) days prior** to the beginning of the approved course. All information provided must be typed or printed in black ink.

**Sponsor Name:** Enter the official name of the sponsor as used in advertisements.

**Mailing Address:** This address is where the Department will mail all correspondence and may be a P.O. box.

**Contact Person:** Provide the name of the person responsible for the day-to-day operations of the sponsor.

**Telephone and Fax:** Include the telephone and fax numbers for the sponsor, with the area code.

**E-Mail Address:** Include the e-mail address of the contact person.

**Website:** The Department will place a link to the sponsor's web site on a web page together with other sponsors to aid assessor-appraisers in acquiring education toward a Level Three certification.

**Course Title:** Enter the title of the course as given in advertisements or promotional materials.

**Course Start and End Dates:** Provide the date of the first and last class sessions, including for final examinations.

**Credit and Exam Hours Offered:** Enter the number of credit hours students may receive for attending the course and for taking the final examination.

**Location of Course:** Please provide the location(s) where the course will be offered.

**General Subject Matters Taught:** For purposes of approval as a substantially equivalent course, the course must focus on a general subject matter taught in the courses listed in 50 IAC 15-3-7. Check one and only one of the boxes next to the applicable general subject matters.

**Course Qualifications:** Please explain in the space provided how the course qualifies as a substantially equivalent course.

**Required Attachments:** Attach to this application the following:

1. A course description clearly describing the content and specific learning objectives of the course. In addition, include prerequisites, if any.
2. A course outline that accounts for the general flow and recommended time to be spent on topics contained within the course.
3. A sample of the final exam and answer key.
4. A sample certificate of completion.

**Signature:** This application must be signed by an officer or other authorized signatory of the sponsor.

Please send your application to:

Assessment Director  
Department of Local Government Finance  
Indiana Government Center North, Room N1058  
100 North Senate Avenue  
Indianapolis, Indiana 46204