



LEVEL III CERTIFIED ASSESSOR-APPRAISER COURSE SPONSOR APPLICATION

State Form 55806 (R / 11-24)

Prescribed by the Department of Local Government Finance

INSTRUCTIONS: To be considered for approval as a course sponsor under Ind. Code § 6-1.1-35.5-4.5, a potential course sponsor must complete this application and submit it to the Department of Local Government Finance before submitting a course for approval.

This application must be completed and signed by the applicant or agent of the applicant. A separate course application must be submitted for each individual course offered by the course sponsor. 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. All information provided must be typed or printed in black ink.

SPONSOR INFORMATION			
Sponsor Name			
Physical Address (number and street)	City	State	ZIP Code
Sponsor Type <input type="checkbox"/> Instructional Business <input type="checkbox"/> College/University <input type="checkbox"/> Post Secondary School <input type="checkbox"/> Assessing Association			
Contact Person			
Mailing Address (number and street or PO Box)	City	State	ZIP Code
Email	Telephone ()	Fax	
Website			

COURSE INFORMATION		
Title of Course for Approval	Course Policies Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Course Description:		
Description of Sponsor's Capability in Curriculum Development:		
Course Instructor	Instructor Certification Level	Instructor Resume Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Instructor	Instructor Certification Level	Instructor Resume Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
If multiple courses are being submitted for approval, the course sponsor must complete a separate application for each course.		

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)

ADDITIONAL INSTRUCTIONS

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

Physical Address: This address is the actual business location of the sponsor. A P.O. box is not acceptable for the physical address.

Sponsor Type: Make one selection that most fits the type of business in which the sponsor is involved.

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

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

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

Email Address: Include the email address of the contact person.

Website: Include the sponsor's web site, if applicable.

Attachments: Attach to this application the following:

- (1) A list of all courses for which approval is sought.
- (2) Written policies that address attendance and testing, including timely grading of the final examination and notification of results.
- (3) A brief description of the sponsor's ability to develop and deliver consistent, quality education, including a capability in curriculum development.
- (4) A list of instructors who teach or will teach a course. For each instructor teaching the course, please provide the instructor's name and qualifications, which include certification as a Level Three assessor-appraiser or comparable professional designation, resume, and curriculum vitae.

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

Please send your applications to:

Assessment Director
Department of Local Government Finance
Indiana Government Center North, Room N1058
100 North Senate Avenue
Indianapolis, Indiana 46204
bwood@dlgf.in.gov