



OREA USE ONLY		TYPE REMIT
TTL RCD	APP RVW	<input type="checkbox"/> CC
EXAM	FP	<input type="checkbox"/> MO
OVERPAY		<input type="checkbox"/> PO

COURSE PROVIDER ACCREDITATION

Read All Directions Prior to Completing This Application.

1. Legal Name of Course Provider			
2. Fictitious Business Names (dba[s])			
3. Main Office Location			
Number, Street and Suite Number			
City	County	State	Zip Code
4. Location of Business and Student Records			
Number, Street and Suite Number			
City	County	State	Zip Code
5. Location of All Permanent Class Sites (use attachment, if necessary)			
Number, Street and Suite Number			
City	County	State	Zip Code
6. Name and Phone Number of Person Authorized to Act on Behalf of Chief Executive Officer			
Name		Phone ()	
Title			
7. Names of Principals, Board Members & Management (use attachment, if necessary)			
Appraiser License Number (If Applicable)			
8. Has accreditation or license by OREA or any other agency been revoked suspended or denied for the course provider or any person identified in Item 7 above? If "yes" provide a written letter of explanation.			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

REQUIRED ATTACHMENTS

Policy statements, correspondence or other verification of the following information.

- | | |
|---|---|
| <input type="checkbox"/> Attendance Policy | <input type="checkbox"/> Final Examination Policy |
| <input type="checkbox"/> Grading Policy | <input type="checkbox"/> Records Retention Policy |
| <input type="checkbox"/> Instructor Hiring Policy | <input type="checkbox"/> Subcontracting Policy |
| <input type="checkbox"/> Refund and Re-Examination Policy | <input type="checkbox"/> Sample of Course Completion Certificates |

READ THE FOLLOWING INFORMATION BEFORE COMPLETING THE INITIAL APPLICATION

- Do not write in the shaded areas.
- Type or print clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- All fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- All out-of-state addresses require a completed and notarized *Consent to Service of Process* (REA 3006).
- Attach copies of all accreditations: Council of Private Post Secondary and Vocational Educational or Equivalent Approvals.
- If you have any questions, please write to the address listed below or call (916) 552-9000.
- Mail completed application, necessary fees and qualifying documentation to:

FEE

Application Review Fee	\$150
Provider Accreditation Fee	<u>\$150</u>
Total Fees	\$300

Refer to *Course Accreditation and Description* (REA 3014) for individual course accreditation fees.

**OFFICE OF REAL ESTATE APPRAISERS
1102 Q Street, Suite 4100
Sacramento, CA 95811**

INSTRUCTIONS

- 1. LEGAL NAME OF THE COURSE PROVIDER --** The legal name of the course provider.
- 2. FICTITIOUS BUSINESS NAMES (dba [s]) --** All Fictitious Business Names used. Include a certified copy of the Fictitious Business Name statement. Use attachments if necessary.
- 3. MAIN OFFICE LOCATION --** Do not list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it).
- 4. LOCATION OF BUSINESS AND STUDENT RECORDS --** Do not list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it).
- 5. LOCATION OF ALL PERMANENT CLASS SITES --** Do not list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it). Use attachments if necessary

6. NAME AND PHONE NUMBER OF PERSON AUTHORIZED TO ACT ON BEHALF OF CHIEF EXECUTIVE OFFICER -- Name of person authorized to act on behalf of CEO for course provider and individual matters. Include a written letter of authorization from the CEO.

7. NAMES OF PRINCIPALS, BOARD MEMBERS & MANAGEMENT -- List the name, title and OREA license number, current or expired, (if applicable) of each principal, board member and manager of the course provider. Use attachments if necessary.

8. If accreditation has been revoked, suspended or denied by OREA or any other agency for the course provider or any person identified in item 7 answer "yes". Provide a detailed letter of explanation to any "yes" answer.

REQUIRED ATTACHMENTS-- Attach policies of the following:

- Attendance;
- Grading;
- Instructor Minimum Qualification;
- Refund;
- Re-Exam; and
- Final Examination.

In addition submit a sample of the Course Completion Certificate.

CEO DECLARATION

I, _____ (name), declare under penalty of perjury that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any accreditation or license and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years.

Executed this _____ day of _____ at _____ (city or county)
_____ (state).

Signature

Name (please print)

MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA