

Application for Noncredit Continuing Assessor Education Program

Wisconsin Department of Revenue
 Committee on Continuing Assessor Education
 PO Box 8971 • 2135 Rimrock Road MS 6-97
 Madison, WI 53708-8971
 (608) 266-7750

To be considered for approval, this application must be completed and submitted to the Department of Revenue at least **60 days** prior to the commencement of the program. The program must be a minimum of 2.5 hours in length and be *appraisal or property tax law/management* instruction as defined in Tax 12.065 of the Wisconsin Administrative Code. Initial approval of noncredit programs may be given without specific information concerning dates, times, locations, and instructors, provided that this information is furnished to the department on PM-101, no later than **30 days** prior to the beginning of the approved program.

Program Title	Program Date
Program Location	
Sponsor Name	E-mail
Address	Telephone

PROGRAM CONTENT

Attach an outline with headings broken down into subdivisions representing 15 to 60 minute blocks of time, depending on the overall length of the program. When programs are a combination of Appraisal and Law/Management instruction, the type of instruction must be indicated on the outline. Clearly indicate starting, ending and break times.

_____ Hours – Appraisal instruction

_____ Hours – Law/Management instruction

Provide a brief description of the instructional method and materials in this box. "See Attached" is not an acceptable response. If necessary, attach additional pages to supplement the information provided in this box.

Provide the program instructor's name and describe qualifications (experience and employment) in this box. *(This section must be completed whether instructors were previously approved or not.)*

Does the instructor hold a Wisconsin assessor certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what level(s)?	<input type="checkbox"/> Technician	<input type="checkbox"/> Assessor-1
	<input type="checkbox"/> Appraiser	<input type="checkbox"/> Assessor-2
	<input type="checkbox"/> Assessor-3	
Is membership in your organization necessary to program enrollment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Is enrollment open to all regardless of race, color, creed, religion, sex, of national origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE Program sponsors or their designees are responsible for monitoring attendance and submitting, **within 10 days of the conclusion of the program**, a certificate to the certified individuals who attended the program, and a notarized roster of these individuals to the Department of Revenue.

I hereby certify that all statements made on this application are true to the best of my knowledge.

Name (please print)	Title
Signature	Date

FOR DEPARTMENT OF REVENUE USE ONLY – DO NOT WRITE IN THE AREA BELOW

Application for Noncredit Continuing Assessor Education Program Number: _____

Not Approved. Reason:

The program, instructors, dates and locations as listed on this application are approved. This approval expires on September 30, 20____

_____ Hours – Appraisal _____ Hours – Law/Management

NOTE If you plan to offer this program with different dates, locations, or instructors than those listed on this application, you must provide this information to the Department of Revenue on PM-101, (Previously Approved Program 30 Day Notice) at least **30 days** prior to the commencement of the program.

The program is approved subject to the date, time, location of the program along with the name and qualifications of the program instructor being submitted to the Department of Revenue on PM-101, (Previously Approved Program 30 Day Notice) at least **30 days** prior to the commencement of the program, if they have not been included on this form.

Authorized Representative Bureau of Assessment Practices	Date
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