

Application for Continuing Education Program

Instructions

- Complete application
- Submit at least 30 days before the program's start day
- **Mail or email completed application/support documents to:**
 - » Committee on Continuing Assessor Education
Wisconsin Department of Revenue
PO Box 8971 #6-97
Madison, WI 53708-8971
 - » bapdor@wisconsin.gov

Program Information/Requirements

- Length – must be a minimum of 2.5 hours
- Topic – must be appraisal and/or property tax law/management as defined in administrative rule ([tax 12.065, Wis. Adm. Code](#))

Program Outline Submission

- Provide a detailed outline with headings separating specific program content into 15 to 60 minute blocks of time (depending on length of overall program)
- Include total hours of appraisal and/or property tax law/management instruction
- If the program is a combination of appraisal and property tax law/management, the instruction subject must be on the outline
- Include method of instruction: lecture, slide show presentation, panel discussion, Internet-based, practical application, or other
- Clearly state start, end and break times
- If the program is sponsored by an organization, state whether membership in the organization is necessary for program enrollment; explain the requirement

Program Information		
Title	Program date / /	
Location		
Sponsor Information		
Name	Phone () -	Email
Coordinator Information		
Name	Phone () -	Email

Instructor Information/Qualifications

- Provide instructor's resume or curriculum vitae, including relevant experience and work history
- Include whether the instructor holds a Wisconsin assessor certification

Wisconsin Continuing Education Credits

- Program sponsors or their designees are responsible for monitoring attendance
- Within 10 days of the conclusion of the program:
 - » Submit the provided Wisconsin Department of Revenue (DOR) attendance certificate to certified individuals who attended the program
 - » Notarize and submit the provided DOR roster with the attendance information

Signature Statement

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

Signature _____ Date ____ / ____ / ____

For Wisconsin Department of Revenue Use Only – Do Not Write in the Area Below

Approved Not approved – Reason: _____