

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
**Bureau of Professional and Occupational Affairs**  
State Board of Certified Real Estate Appraisers  
P. O. Box 2649  
Harrisburg, PA 17105-2649  
[www.dos.pa.gov](http://www.dos.pa.gov)

September 11, 2017

THE COUNSELORS OF REAL ESTATE  
430 N MICHIGAN AVENUE  
CHICAGO IL 60611

## EDUCATION PROGRAM APPROVAL

Approval has been granted for the below listed appraisal course to be submitted for continuing education. Pennsylvania requires certificate holders to complete, as a condition of renewal for the biennial certification period beginning July 1, 2003, the seven hour national USPAP course taught by a an AQB certified instructor and a minimum of two hours on the Real Estate Appraisers Certification Act, regulations and policies.

You are required to submit an application and fee for approval to offer this course after the expiration date listed below.

Enclosed is a supply of "Certificate of Completion" forms. You may duplicate this form as needed. As an approved Education Program, you are required to complete the form for each individual upon successful completion of the course when being submitted for continuing education credit. The "Certificate of Completion" form will not be accepted if the course is taken for initial qualifying education.

APPRAISAL COURSE: THE COUNSELORS OF REAL ESTATE 2017 ANNUAL  
CONVENTION  
PROVIDER NUMBER: #003067  
HOURS APPROVED: 12.5 HOURS  
APPROVAL DATE: 08/29/2017  
EXPIRATION DATE: 08/29/2020

If you have any questions concerning your approval, please contact me.

Sincerely,

  
Donna Reed-Young  
Education Certification Evaluator



**COMMONWEALTH OF PENNSYLVANIA**  
**DEPARTMENT OF STATE**  
**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**  
**STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS**  
**P. O. BOX 2649**  
**HARRISBURG, PA 17105-2649**  
**(717) 783-4866**  
**Fax (717) 705-5540**  
**www.dos.pa.gov/real**

## STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS CERTIFICATION OF COMPLETION

THIS FORM IS FOR USE IN REPORTING CONTINUING EDUCATION CREDITS.

**CERTIFICATE HOLDER:** This form must be completed properly. **YOU MUST RETAIN A COPY OF THIS FORM FOR SUBMISSION TO THE BOARD.** You must submit a separate form for each program attended. Continuing education hours shall be applied to ONLY one renewal period. The same continuing education hours cannot be applied to a subsequent renewal.

### SECTION A - To be completed by Program Provider

Name of Participant & Certificate # →	
Number of Program Hours →	
Provider Name →	
Provider # →	
Title of Program →	
Date(s) of Program →	
Instructor(s) Presenter(s) →	

SIGNATURE OF INSTRUCTOR/PRESENTER: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION B – To be completed by Certificate Holder

I certify that I have read and understand the information contained in the instructions and completed the program described in Section A. I am aware that any misrepresentations by me may be subject to appropriate disciplinary action. I further understand that any false statement made is subject to the penalties of 18 PA C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

I also certify that this course was not used as initial education toward my original application for certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ PA Certificate #: \_\_\_\_\_