



## USPAP INSTRUCTOR REGISTRATION

SECONDARY DOCUMENT

# USPAP

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
**Division of Real Estate – Licensing**  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786  
800-560-6420

555

**INSTRUCTIONS:** This form is to be completed and submitted by the Education Provider or instructor with any and all USPAP courses, whether the course is presented in a classroom, synchronously, or asynchronously. In accordance with AQB Criteria, at least one of the course instructors must be an **AQB Certified USPAP Instructor** who is also a state certified appraiser. USPAP continuing education credit shall only be awarded when the course is instructed by at least one AQB Certified USPAP Instructor who is also a state certified appraiser in good standing. If there will be multiple offerings throughout a year, you may submit multiple instructors and multiple dates. There is no fee for this form, however, no USPAP course will be approved without the instructor(s) being approved by the Department.

### APPLICANT IDENTIFYING INFORMATION

NAME OF EDUCATION PROVIDER

Your Illinois License Number

**555.**

DBA (if applicable)

COURSE TITLE (You must include the effective year(s) in the title)

### USPAP COURSE INFORMATION

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 15-Hour National USPAP Course or Equivalent – IL1-08 - Classroom or Synchronous (Livestream) |
| <input type="checkbox"/> | 15-Hour National USPAP Course or Equivalent – IL1-08 – Asynchronous                          |
| <input type="checkbox"/> | 7-Hour National USPAP Update or Equivalent - Classroom or Synchronous (Livestream)           |
| <input type="checkbox"/> | 7-Hour National USPAP Update or Equivalent – Asynchronous                                    |

**INSTRUCTORS:** Include your CURRENT CDEI certificate. Complete the following:

NAME OF INSTRUCTOR

STATE APPRAISER CERTIFICATION (License)

### CERTIFICATION BY EDUCATION PROVIDER

I hereby certify that, to the best of my knowledge, all information herein is true and correct; that the signature below re-affirms the certifying affidavit signed on the application; and that I am authorized to sign this application.

NAME PRINTED

SIGNATURE

DATE