

UNIFORM REQUEST FOR RECERTIFICATION CREDIT



This form was developed for your convenience in reporting continuing education to various appraisal organizations. **It does not imply automatic acceptance by any organization of an educational program. Each group retains its own recertification requirements and procedures for requesting credit.** A copy of the program syllabus or course outline may be required.

1. This form must be completed in its entirety.
2. Please submit a copy to each organization from which you are requesting credit.
3. It is suggested that you keep a photocopy of each form submitted.

Program Information

Program Title _____ Number of Instructional Hours _____

Program Date(s) _____ Program Location _____

Instructor/Presenter Name(s) _____

Program Description _____

Signature of Instructor or Presenter _____

Applicant Information

I certify that I have completed the above-described professional activity. I am aware that any misrepresentations by me become subject to disciplinary action.

SIGNATURE OF MEMBER

DATE

Member Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail Address _____

FOR OFFICE USE ONLY

Please send completed [request to Jennifer.Gauthier@ct.gov](mailto:Jennifer.Gauthier@ct.gov)