

Courses must be certified by the Assessor Education Advisory Committee.

Course name: _____

Sponsoring organization: _____

Course location: _____

City: _____ State: _____ ZIP: _____

Date(s) of course: _____

1. Is this approval request for a self-study course? Yes ☐ No ☐

A self-study course is taken online at the attendee's own pace.

2. Is the approval request for a virtual course? Yes ☐ No ☐

A virtual course is where the instructor can see and interact with the attendees.

Total hours of credit:* _____ Tested hours:* _____ Non-tested hours:* _____

*When calculating hours, please do not include lunch or test/quiz time.

When applying for course certification, the following information must be included:

☐ Copy of course outline (which includes a breakdown of the hours for the day)

☐ Final examination (if tested)

☐ Information regarding proctoring of exam (if online tested course)

☐ Name and qualifications of instructor(s)

☐ Statement of the objectives of the course and how the objectives will be obtained

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of instructor or sponsoring official: _____ Date: _____

Email address for person to contact with questions: _____

Email as a PDF, including all required documentation, to: ed.dov.eq@iowa.gov