

Courses must be certified by the Assessor Education Advisory Committee.

Course name: _____

Sponsoring organization: _____

Address: _____

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