Department of Revenue

For Department use only:	course #	
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Application for Continuing Education Credit Assessor/Deputy Assessor Form

revenue.iowa.gov

Print legibly or type:
Name:
Jurisdiction: Title:
Course name:
IDR course number:
Sponsoring organization:
Sponsor course number:
Date(s) of program:
Course location:
Hours of credit requested: Tested: (Attach test results) Non-tested:
 Are the hours for a self-study course?
ATTENDANCE CERTIFICATION: I certify that I have attended the indicated sessions of the above-described program for which I am
applying credit.
l, 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 applicant: Date:
Signature of instructor or sponsoring official:

ed.dov.eq@iowa.gov Email as a PDF to: