



USPAP COURSE COMPLETION VERIFICATION FORM

STUDENT INFORMATION

Please ensure all information is complete and submit this form with your course transcript to your state when you request qualifying or continuing education credit.

License Number: _____

Social Security #: _____

COURSE INFORMATION

Course Title: 15 HOUR USPAP COURSE WITH EXAM

Course Provider: CLARK COUNTY ASSESSOR

Course Date(s) and Location: 05/04/04 LAS VEGAS, NV

Number of Hours: 15 HOUR USPAP COURSE WITH EXAM

I am seeking (check one):

Qualifying Education Credit Continuing Education Credit

INSTRUCTOR INFORMATION

Instructor Name: STEFFAN, ROBERT

Instructor ID#: 010644

AQB Certified USPAP Instructor: Yes No

State Certified Appraiser: Yes No

Signature of Licensee _____

Date _____