

**CERTIFIED PROPERTY TAX APPRAISER
CONTINUING EDUCATION REPORT FORM**

(A separate form must be submitted after completion for each course taken)

Name _____ Certificate No. _____

Employed By _____ County (or) _____

Course Name (or subject) _____

Sponsoring Agency _____

Instructor _____

Date(s) Attended _____ Total Hours Attended _____

Location (City only) _____

Remarks _____

The above described course was attended in full. If not, please explain _____

Signature of Appraiser

Date

FOR EXAMINATION COMMITTEE USE ONLY	
Date Received _____	
Examination Committee Approval _____ Yes _____ No	
No. of Hours Granted _____	
Remarks _____	
	_____ Committee Member

**RETURN TO: EDUCATION DIRECTOR
COUNTY SUPPORT DIVISION
IDAHO STATE TAX COMMISSION
P. O. BOX 36, BOISE, IDAHO 83722-0320**