

**CONTINUING EDUCATION  
APPLICATION FOR COURSE CERTIFICATION**

Title of Educational Program or Course \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Program \_\_\_\_\_ Hours of Credit: \_\_\_\_\_ Tested \_\_\_\_\_  
Non-Tested \_\_\_\_\_

**IF APPLYING FOR COURSE CERTIFICATION, PLEASE ATTACH THE FOLLOWING INFORMATION:**

- 1) Copy of Course Outline (which includes a breakdown of the hours for the day)
- 2) Final Examination (if tested)
- 3) Name, Address and Qualifications of Instructor

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_  
Or Sponsoring Official \_\_\_\_\_

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Mail To: Assessor Education  
Iowa Department of Revenue  
Director's Office  
Hoover State Office Building  
1305 E. Walnut Street  
Des Moines, Iowa 50319