## Texas Appraiser Licensing & Certification Board

Education & Examinations Division

## **ACE Course Application for Secondary Provider Checklist**

rovider Name:	
rovider License #:	Provider Expiration Date:
Correct payment included	
Provider information accurate and complete	te
Course title and number is accurate and cu	rrent
☐ Original provider name and license number	r is accurate and current
☐ Delivery Method identified (Classroom or E  Copy of IDECC or other acceptable di is required for all DE (online and corr  ☐ Primary provider  ☐ Secondary provider	istance education certification for both the primary and secondary provider
Copy of AQB course and instructor approve	al letters, if submitting a National USPAP Update or Equivalent course
Certification statement includes printed na provider	ame, title, signature and dated by an authorized signed for the secondary
·	ame, title, signature and dated by the author/owner of the requested the primary provider to grant permission to use and reproduce course

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