



PRACTICUM PROVIDER APPLICATION

P.O. Box 12188, Austin, Texas 78711-2188

App #	File #	Entity #	Course #												
DO NOT WRITE ABOVE THIS LINE															
1. Provider Name: _____															
2. Business Address: _____															
3. Phone Number: _____ 4. Email Address: _____															
5. Website Address: _____															
6. Applicant is a: (check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> 4 year college/university</div> <div><input type="checkbox"/> 2 year college</div> <div><input type="checkbox"/> Trade association</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Business entity</div> <div><input type="checkbox"/> Sole proprietorship</div> </div>															
7. Will the applicant be conducting business under an assumed name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide a copy of the recorded assumed name certificate or similar document issued for the same purpose.															
8. Is the applicant approved as a practicum provider in other states? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify which state(s). _____															
This section applies to business entities: 9. a) In which state is the business entity chartered? _____ b) If the business entity is chartered in Texas, attach a Franchise Tax Account Status page from the Texas Comptroller's office dated not more than thirty (30) days prior to the date of the application. c) If the business entity is chartered in a state other than Texas, attach a Certificate of Fact or Filing from the Texas Secretary of State's Office which is dated not more than thirty (30) days prior to the date of this application.															
10. List the name, title and ownership percentage of each individual owning 10% or more of the provider applicant listed in question #1. A Principal Application Form for each person listed must be submitted with this application. <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:40%; text-align: center;">Name</th> <th style="width:30%; text-align: center;">Title</th> <th style="width:30%; text-align: center;">% Ownership</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p style="margin-top: 10px;"><i>If additional space is needed, please attach a separate page to complete your answer.</i></p>				Name	Title	% Ownership	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Title	% Ownership													
_____	_____	_____													
_____	_____	_____													
_____	_____	_____													

This section applies to trade associations:

11. a) What percentage of your membership is made up of appraiser license holders? _____

b) Do members pay membership dues to the association?

☐ Yes ☐ No

c) Does your association subscribe to a written code of professional conduct or ethics?

☐ Yes ☐ No

d) Does your association subscribe to a written code of professional conduct or ethics?

☐ Yes ☐ No

e) Attach a copy of the trade association's formation documents and an IRS letter recognizing the trade association is tax-exempt.

f) List the trade association officers and when each license term expires.

Name

Title

Expiration of Term

Name	Title	Expiration of Term
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Proposed location(s) of classes: ☐ Classroom Facility ☐ College/University ☐ Conference Center ☐ Distance Education

13. Source of curriculum: _____

14. Explain your refund policy: _____

15. Advertising: Attach a sample proposed advertising material with this application. All material or online advertising should satisfy Board advertising requirements and clearly reflect the provider name and the provider license number. Fees should be displayed in a clear and consistent manner.

16. In-State Applicants: Indicate name of person responsible for maintaining records and the physical address where the records will be stored.

Name (Last) (First) (Middle)

Business Address Number, Street and Suite No. City State Zip Code

Phone Email Address

17. Out-of-State Applicants: Designate a resident of Texas to accept service in your behalf and to act as a custodian of records in this state. Attach a copy of a power of attorney designating a Texas resident as your attorney-in-fact for these purposes.

Name of Attorney-in-Fact (Last) (First) (Middle)

Business Address Number, Street and Suite No. City State Zip Code

Phone Email Address

18. Name and business address of Operations Manager responsible for day to day operations. This person must submit a Principal Application Form with this application.

Name (Last) (First) (Middle)

Business Address Number, Street and Suite No. City State Zip Code

Phone Email Address

19. Has the education provider or its Operations Manager ever had a professional or occupational license in this state or any other state suspended, canceled or revoked, or ever surrendered such a license? ☐ Yes ☐ No
20. Has the education provider or its Operations Manager ever had an application for a professional or occupational license disapproved in this state or any other state? ☐ Yes ☐ No
21. Are there any disciplinary hearings or investigations pending against any professional or occupational licenses held by the education provider or its Operations Manager? ☐ Yes ☐ No
22. Are there any unpaid judgments or any civil suits pending against the education provider or its Operations Manager? ☐ Yes ☐ No
23. Has the education provider or its Operations Manager ever been convicted of a criminal offense? (Include all felonies and misdemeanors other than traffic tickets.) ☐ Yes ☐ No
24. Has the education provider or its Operations Manager ever been placed on probation? ☐ Yes ☐ No
25. Are there any criminal charges pending against the education provider or its Operations Manager? ☐ Yes ☐ No

If the answer to any of the questions above is YES, the Education Provider Background History Form is required.

26. Persons associated with the applicant authorized to sign practicum forms:

Printed Name

Signature

_____	_____
_____	_____
_____	_____
_____	_____

27. Additional Information: If there is any additional information which you feel may be useful to TALCB in making a determination for approval of this application, please include a separate attachment with a detailed explanation.

CERTIFICATION STATEMENT

I certify:

- I am a person with authority to submit this application on behalf of the applicant.
- I have read and reviewed this application, including all supporting documentation requested, and all such information is true, correct, and to the best of my knowledge.
- The applicant will not perform any act for which approval is required until written approval is issued by TALCB.
- I will promptly provide TALCB upon request any additional information or documentation necessary for the verification of the information provided.
- I understand TALCB may conduct an investigation of me and the information provided.
- If approved by TALCB, the applicant will comply with all applicable laws, including the requirements of the Appraiser Qualifications Board, Texas Appraiser Licensing and Certification Act, and TALCB Rules.
- I understand that providing false, inaccurate, or misleading information may result in my application or approval being denied, suspended, revoked, and/or disciplinary action or administrative penalties.
- I understand that information submitted in conjunction with this application may be subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code).
- I understand TALCB may send all notices and communications concerning my license to my e-mail address on file with TALCB.

Printed Name

Title

Signature

Date