

CERTIFIED PENNSYLVANIA EVALUATOR

APPLICATION INFORMATION – RETAIN FOR YOUR INFORMATION & RECORDS

APPLICATION

FOR CONFIRMATION OF RECEIPT OF YOUR APPLICATION MAIL **CERTIFIED RETURN RECEIPT**.

IF A PENDING APPLICATION IS OLDER THAN ONE YEAR FROM THE DATE SUBMITTED AND THE APPLICANT WISHES TO CONTINUE THE APPLICATION PROCESS, THE BOARD SHALL REQUIRE THE APPLICANT TO SUBMIT A NEW APPLICATION INCLUDING THE REQUIRED FEE. IN ORDER TO COMPLETE THE APPLICATION PROCESS, MANY OF THE SUPPORTING DOCUMENTS ASSOCIATED WITH THE APPLICATION CANNOT BE MORE THAN SIX MONTHS FROM THE DATE OF ISSUANCE.

EVALUATION OF APPLICATION

PLEASE ALLOW 3 TO 4 WEEKS FOR EVALUATION OF YOUR APPLICATION. IF YOUR APPLICATION IS INCOMPLETE OR INCORRECT YOU WILL BE NOTIFIED IN WRITING OF THE DISCREPANCY. IN ORDER TO ELIMINATE UNNECESSARY DELAYS – **PLEASE READ AND FOLLOW ALL INSTRUCTIONS**.

EFFECTIVE JANUARY 1, 2017, APPLICANT MUST SUBMIT A STATE BACKGROUND CHECK FOR THE PREVIOUS 5 YEAR PERIOD IN THE STATE OR JURISDICTION IN WHICH THE APPLICANT HAS RESIDED IN PRECEDING THE DATE OF APPLICATION.

Applicant must submit a request for a criminal record from the state police or equivalent law enforcement agency in the state or jurisdiction in which the individual has resided for the five year period immediately preceding the date of application. The report returned by the State Police or equivalent agencies shall be attached to your application and dated within 90 days of the date this application is received in the Board office.

- The background check must contain each individual's **date of birth and social security number**.
- The background check must either state **"No Record"** or **"Record Exists."** Background checks that reflect **"Pending"** **"Under Review,"** or **"Under Request"** will not be accepted. Questions regarding the status of a background check must be directed to the Pennsylvania State Police or the equivalent agency receiving the request for criminal record check.

If **"Record Exists"**— applicant must submit true and correct copies of the following for EACH felony or misdemeanor conviction:

- A. The conviction summary information provided by the State Police or equivalent agency;
- B. Copies of criminal complaint, affidavit of probable cause and sentencing order;
- C. Letter from Probation Officer, Correctional Officer or other person responsible for supervision of the defendant, dated within 90 days, indicating current probationary status and completion date.
- D. Detailed description (in applicant's words) of the circumstances surrounding the conviction, the basis for the conviction and the disposition of the conviction;
- E. In addition, the applicant may, but is not required, to provide evidence in support of his application, such as, age at the time of conviction, or release from sentence; evidence that the applicant performed the same type of work, post-conviction, with the same or a different employer, with no known incidents of criminal or disciplinary conduct; the length and consistency of employment history before and after the offense or conduct; rehabilitation efforts, e.g., education/training; employment or character references and any other information regarding fitness for the particular position; and whether the individual is bonded under a federal, state, or local bonding program.

****If the required documents are not available, please provide an original letter on business letterhead, from the proper authority confirming documents are not available. The letter must be signed and dated within 90 days of receipt in the Board office.**

- Pennsylvania background checks may be obtained at: <https://epatch.state.pa.us> or from the Pennsylvania State Police Central Repository, 1800 Elmerton Ave, Harrisburg, PA 17110-9758, (717) 783-5593.
- If you reside outside the state of Pennsylvania, you must obtain a background check from the State Police in that state.

EXAMINATION INFORMATION

SCHEDULING FOLLOWING THE EVALUATION AND APPROVAL OF YOUR APPLICATION YOU WILL BE SENT AN APPROVAL LETTER AND TEST CENTER/FEE CARD. IT WILL THEN BE YOUR RESPONSIBILITY TO CONTACT THE TESTING CENTER TO SCHEDULE YOUR EXAMINATION.

CPE - 1/1/17

ADMITTANCE YOU MUST HAVE THE TEST CENTER/FEE CARD FOR ADMITTANCE TO THE EXAMINATION. DO NOT CONTACT THE TEST SITE PRIOR TO RECEIVING THE CARD.

SITES NO TESTING ON NATIONAL HOLIDAYS OR HOLIDAY WEEKENDS. SCHEDULES AND LOCATIONS ARE SUBJECT TO CHANGE.

TEST CENTER CODE	TEST CENTER LOCATION	TEST FREQUENCY
3972	Bala Cynwyd	Saturday
3973	Pittsburgh	Friday, Saturday at 8:00
3979	Harrisburg	Every Friday and Saturday

SPECIAL ARRANGEMENTS AND SERVICES IF YOU HAVE A DISABILITY AND MAY REQUIRE SOME ACCOMMODATION IN TAKING THE EXAMINATION YOU MAY ASK FOR SPECIAL ARRANGEMENTS TO TAKE THE EXAMINATION ON THE REGULARLY SCHEDULED DATES. YOU MUST SUBMIT ON AN 8 ½"X11" SHEET OF PAPER THAT YOU ARE REQUESTING SPECIAL ACCOMMODATIONS AND IT MUST BE ACCOMPANIED BY A LETTER FROM A HEALTH CARE PROFESSIONAL FAMILIAR WITH YOUR DISABILITY (I.E., PHYSICIAN, PSYCHOLOGIST OR OTHER HEALTH CARE PROFESSIONAL) WHICH PROVIDES:

1. THE DIAGNOSIS OF YOUR DISABILITY;
2. THE BASIS FOR THE DIAGNOSIS (I.E., EXAMINATION, TESTS, RESULTS, ETC.);
3. AND, FOLLOWING DISCUSSION WITH YOU, A RECOMMENDATION FOR APPROPRIATE ACCOMMODATION(S) FOR YOU. IF THE APPROPRIATE ACCOMMODATION IS NOT REQUESTED WE CANNOT GUARANTEE THE AVAILABILITY OF THE ACCOMMODATION ON SITE. IF YOU ARE REQUESTING THE SAME ACCOMMODATION(S) FOR A SUBSEQUENT EXAMINATION A COPY OF THE APPROVAL LETTER FOR THE PRIOR EXAMINATION MUST BE SUBMITTED WITH YOUR APPLICATION. IF YOU ARE REQUESTING A DIFFERENT ACCOMMODATION YOU MUST SUBMIT NEW DOCUMENTATION AS REQUIRED.

NOTE: A LANGUAGE BARRIER IS NOT CONSIDERED A DISABILITY.

CERTIFICATION

UPON PASSING THE EXAMINATION YOU WILL RECEIVE INFORMATION REGARDING DOCUMENTS AND FEES THAT MUST BE SUBMITTED TO THE ADMINISTRATIVE OFFICE OF THE PENNSYLVANIA STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS FOR INITIAL CERTIFICATION.

CERTIFICATES EXPIRE JUNE 30TH OF ODD-NUMBERED YEARS REGARDLESS OF THE DATE OF ISSUE. YOU WILL RECEIVE RENEWAL INFORMATION PRIOR TO THE EXPIRATION DATE OF YOUR CERTIFICATE. YOU MUST KEEP THIS OFFICE INFORMED (IN WRITING) OF ANY NAME/ADDRESS CHANGES IN ORDER TO RECEIVE INFORMATION RELEVANT TO THE RENEWAL OF YOUR CERTIFICATE.

CONTINUING EDUCATION

UPON BEING GRANTED CERTIFICATION IN PENNSYLVANIA YOU WILL HAVE TO MEET THE CONTINUING EDUCATION REQUIREMENTS AS SET FORTH BY THE PENNSYLVANIA LAW (SECTION 4) AND BOARD'S REGULATIONS (49 Pa. Code §§36.261, 36.262, 36.263, 36.264). COPIES OF THE LAW AND THE PENNSYLVANIA LAW AND BOARD'S REGULATIONS CAN BE FOUND AT www.dos.pa.gov/real.

YOU WILL BE REQUIRED TO OBTAIN 28 HOURS OF CONTINUING EDUCATION WITHIN EACH BIENNIUM (JULY 1, ODD-YEAR TO JUNE 30, ODD-YEAR) WHICH INCLUDES AT LEAST 7 HOURS ON THE UNIFORM STANDARDS OF PROFESSIONAL APPRAISAL PRACTICE AND AT LEAST 2 HOURS ON THE PENNSYLVANIA LAW AND BOARD'S REGULATIONS. THE **ONLY EXCEPTION** IS THE CERTIFIED PENNSYLVANIA EVALUATOR WITH AN **INITIAL** DATE OF CERTIFICATION BETWEEN JANUARY 1 AND JUNE 30 OF A RENEWAL YEAR. ALL OTHER CERTIFIED PENNSYLVANIA EVALUATORS **MUST** OBTAIN 28 HOURS OF CONTINUING EDUCATION BETWEEN THE INITIAL DATE OF CERTIFICATION AND THE EXPIRATION DATE OF THEIR CERTIFICATE.

APPLICANT CHECKLIST

	PROPER FEE MAILED WITH APPLICATION
	APPLICATION SIGNED AND DATED
	EMPLOYMENT FOR THE PAST 5 YEARS LISTED IN SECTION 5
	REQUIRED EDUCATIONAL DOCUMENTATION ATTACHED
	EDUCATION WORKSHEET COMPLETED
	ASSESSOR EXPERIENCE LISTED IF APPLICABLE
	KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS
	STATE BACKGROUND CHECK



STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS

Mailing Address:

State Board of Certified Real Estate
Appraisers
PO Box 2649
Harrisburg, PA 17105-2649

Telephone: 717-783-4866

Fax: 717-705-5540

E-mail: st-appraise@pa.gov

Website: www.dos.pa.gov/real

Courier Address:

State Board of Certified Real Estate
Appraisers
2601 North Third Street
Harrisburg, PA 17110

CERTIFIED PENNSYLVANIA EVALUATOR APPLICATION

FEES: \$55.00 NON-REFUNDABLE APPLICATION FEE. CHECK OR MONEY ORDER MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." FEE IS NON-REFUNDABLE, NON-TRANSFERABLE AND SUBJECT TO CHANGE. \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT. IF A PENDING APPLICATION IS OLDER THAN ONE YEAR FROM THE DATE SUBMITTED AND THE APPLICANT WISHES TO CONTINUE THE APPLICATION PROCESS, THE BOARD SHALL REQUIRE THE APPLICANT TO SUBMIT A NEW APPLICATION INCLUDING THE REQUIRED FEE. IN ORDER TO COMPLETE THE APPLICATION PROCESS, MANY OF THE SUPPORTING DOCUMENTS ASSOCIATED WITH THE APPLICATION CANNOT BE MORE THAN SIX MONTHS FROM THE DATE OF ISSUANCE.

Effective January 1, 2017, State background checks are required. See instruction sheet on how to obtain background check.

SECTION 1: APPLICANT INFORMATION

PLEASE PRINT OR TYPE

LEGAL NAME		
	LAST NAME	MAIDEN NAME
	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		
	STREET	
	CITY	STATE ZIP
STREET ADDRESS, IF DIFFERENT FROM MAILING ADDRESS		
	STREET	
	CITY	STATE ZIP
PERSONAL INFORMATION	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CONTACT NUMBER (BETWEEN 9 AM – 5 PM)	FAX:	TELEPHONE:
	EMAIL:	
HAVE YOU BEEN A RESIDENT OF PENNSYLVANIA FOR THE PAST 6 MONTHS?	YES	(CIRCLE ONE) NO

SECTION 2: CRIMINAL AND DISCIPLINARY INFORMATION

IF ANY OF THE ANSWERS IS "YES" ATTACH A FULL EXPLANATION AND SUBMIT A CERTIFIED COPY OF ALL RELEVANT COURT AND/OR LEGAL DOCUMENTS. *NOTE: ANSWERING "YES" TO ANY OF THE FOLLOWING QUESTIONS WILL NOT RESULT IN THE AUTOMATIC DENIAL OF YOUR APPLICATION.*

ANSWER THE FOLLOWING		YES	NO
1.	DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2.	IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3.	HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4.	DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5.	HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6.	HAVE YOU BEEN CONVICTED (FOUND GUILTY, PLED GUILTY OR PLED NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF A COURT.		
7.	DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		

SECTION 3: CERTIFICATION STATEMENT

BY SIGNING BELOW, I VERIFY THAT THIS APPLICATION IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. § 4911.

I VERIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF 18 Pa. C.S. § 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES) AND MAY RESULT IN THE SUSPENSION, REVOCATION OR DENIAL OF MY LICENSE, CERTIFICATE, PERMIT OR REGISTRATION.

SOCIAL SECURITY ACT CERTIFICATION

IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS IS OBLIGATED TO INFORM EACH APPLICANT OR LICENSEE FROM WHOM IT REQUESTS A SOCIAL SECURITY NUMBER THAT DISCLOSING SUCH NUMBER IS MANDATORY IN ORDER FOR THIS BOARD TO COMPLY WITH THE REQUIREMENTS OF THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 Pa. C.S. § 4304.1(A). IN ORDER TO ENFORCE DOMESTIC SUPPORT ORDERS, AT THE REQUEST OF THE COMMONWEALTH'S DEPARTMENT OF HUMAN SERVICES (DHS), THE LICENSING BOARDS MUST PROVIDE TO DHS INFORMATION PRESCRIBED BY DHS ABOUT THE LICENSEE, INCLUDING THE SOCIAL SECURITY NUMBER.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 4: EMPLOYMENT

ARE YOU PRESENTLY EMPLOYED BY A GOVERNMENT ENTITY OR REVALUATION COMPANY ON CONTRACT WITH A GOVERNMENTAL ENTITY FOR REAL ESTATE TAX ASSESSMENT FOR AD VALOREM TAXATION PURPOSES?	(CIRCLE ONE) YES NO
ARE YOU DIRECTLY RESPONSIBLE FOR THE VALUATION OF REAL PROPERTY FOR AD VALOREM TAXATION PURPOSES? IF "YES" PROVIDE DATE YOU ASSUMED THIS RESPONSIBILITY: _____	(CIRCLE ONE) YES NO

SECTION 5: EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT FOR THE PAST 3 YEARS LISTING PRESENT EMPLOYMENT FIRST. ATTACH ADDITIONAL SHEETS AS NEEDED.

EMPLOYER	
EMPLOYER'S ADDRESS	STREET _____ CITY _____ STATE _____ ZIP _____
EMPLOYED	FROM _____ TO _____
EMPLOYER'S TELEPHONE NUMBER (INCLUDING AREA CODE)	
YOUR POSITION/TITLE	
JOB DUTIES/DESCRIPTION	

EMPLOYER	
EMPLOYER'S ADDRESS	STREET _____ CITY _____ STATE _____ ZIP _____
EMPLOYED	FROM _____ TO _____
EMPLOYER'S TELEPHONE NUMBER (INCLUDING AREA CODE)	
YOUR POSITION/TITLE	
JOB DUTIES/DESCRIPTION	

SECTION 6: EXPERIENCE

**APPLIES ONLY TO APPLICANTS WHO DO NOT HAVE
A HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT**

TWO YEARS ASSESSING EXPERIENCE WILL BE DEMONSTRATED BY:

SUBMISSION OF OFFICIAL COUNTY FORMS SHOWING MARKET VALUE CHANGE FOR ASSESSMENT PURPOSES ON A PROPERTY OR GROUPS OF PROPERTIES WITH YOUR SIGNATURE OR INITIALS THEREON INDICATING YOUR RESPONSIBILITY AT THE TIME OF THE ACTION. PROPERTY RECORDS CARD, APPRAISALS, ELECTRONIC RECORD INFORMATION MUST SHOW YOUR DIRECT RESPONSIBILITY FOR THE WORK PRODUCT. YOU MUST PROVIDE 4 PROPERTY DOCUMENTS PER YEAR FOR THE PAST THREE YEARS.

OR

SUBMISSION OF DOCUMENTATION INDICATING YOU ARE RESPONSIBLE FOR DEFENDING AN ASSESSMENT VALUATION ON A PROPERTY OR GROUP OF PROPERTIES BEFORE THE ASSESSMENT BOARD OR SIMILAR ENTITY. YOUR SIGNATURE OR INITIALS MUST BE PRESENT INDICATING YOUR RESPONSIBILITY.

OR

SUBMISSION OF DOCUMENTATION INDICATING YOUR RESPONSIBILITY IN DEFENDING AN ASSESSMENT APPEAL IN LITIGATION. THIS CAN TAKE THE FORM OF AN APPRAISAL OR OTHER DOCUMENTS.

SECTION 7: EDUCATION

1. ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA, OR ITS EQUIVALENT, UNLESS QUALIFYING UNDER THE TWO YEAR WORKING EXPERIENCE REQUIREMENT.
2. LIST ON THE REVERSE A MINIMUM OF 90 HOURS OF THE BASIC COURSES OF STUDY APPROVED BY THE STATE BOARD OF CERTIFIED REAL ESTATE APPRAISERS COVERING THE APPRAISAL ASSESSING PROFESSION. REFER TO § 36.222 OF THE BOARD'S REGULATIONS FOR SPECIFIC EDUCATION COURSE REQUIREMENTS.
3. SUBMIT CERTIFICATE, TRANSCRIPT OR NOTARIZED LETTER ISSUED BY THE COURSE PROVIDER SHOWING THE COURSE TITLE, NUMBER OF CLASSROOM HOURS, DATES OF COMPLETION AND THAT COURSES WERE PASSED. NO OTHER DOCUMENTS WILL BE ACCEPTED AS PROOF OF SUCCESSFUL COMPLETION OF COURSE.
4. NOTE ONE (1) SEMESTER HOUR OF COLLEGE CREDIT IS EQUAL TO 15 CLASSROOM HOURS. HOWEVER, IF THE TRANSCRIPT INDICATES THAT EACH CREDIT IS EQUIVALENT TO A LESSER NUMBER OF HOURS, THE LESSER AMOUNT WILL BE USED IN THE CALCULATION OF CLASSROOM HOURS.

