



# State of Oklahoma REAL ESTATE APPRAISER BOARD

3625 N.W. 56th St, Ste 100, Oklahoma City, Oklahoma 73112  
Phone: (405) 521-6636 Fax: 522-6909 Email: reabadmin@oid.ok.gov  
Website: [www.reab.oid.ok.gov](http://www.reab.oid.ok.gov)

RECEIVED  
OKLAHOMA INSURANCE DEPT.

MAR 12 2019

Real Estate Appraiser Board

## REQUEST FOR RENEWAL OF COURSE FOR QUALIFYING/CONTINUING EDUCATION CREDIT

SEE INSTRUCTIONS AT BOTTOM LEFT; ALL APPLICATIONS MUST INCLUDE PROPER REMITTANCE

Name and Address of Provider/Sponsor Submitting Course	Name and Telephone Number of Contact Person
Calypso Continuing Education Po Box 176 Randolph, VT 05060	Name: <u>Connie Covey</u> Telephone: <u>1802-565-8238</u> Fax: <u>1802-728-3181</u> Email address: <u>Connie@calypsoedu.com</u>

Course Title/Name: <u>FHA Site Inspection for Appraisers</u>	
Provider #: <u>APP179</u>	Location: <u>Online</u>
Course #: <u>903</u>	Total Hours Requested: <u>7</u> City: <u>N/A</u>
Primary Instructor: <u>Francis X. (Rich) Finigan</u> <u>6-1-19</u>	

"I certify that the information contained within this course remains the same as that originally submitted and I will notify the Oklahoma Real Estate Appraiser Board of any changes made in the information contained within this course within ten (10) days."

Francis X Finigan  
Name (Typed or Printed)

FXF  
Signature

Title: President

Date: March 6, 2019

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties. The provider of this course is and shall remain in compliance with the Appraiser Qualifications Board (AQB) Course Approval Program (CAP) Course Owner-Secondary Provider agreement as set forth in the AQB CAP Policies and Procedures, if applicable."

Francis X. Finigan  
Name (Typed or Printed)

FXF  
Signature

Title: President

Date: March 6, 2019

<p><u>Use this form to request renewal of courses for qualifying or continuing education.</u></p> <ol style="list-style-type: none"> <li>Forward original form to OREAB. <b>Do not fax.</b></li> <li>Attach <i>one</i> copy of the course outline that includes a time schedule, topics and learning objectives.</li> <li>Attach <i>one</i> copy of <i>all</i> course materials, including published textbooks and examinations to be used in this course.</li> <li>Submission must be received at least five working days prior to a Board meeting or it will be held over until the following meeting.</li> <li>Course owners: attach AQB and IDECC approval letters.</li> <li>Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter.</li> <li>Course renewals must include a Twenty Dollar (\$20.00) non-refundable fee.</li> <li>Renewals of courses that were approved based on AQB CAP approval must be accompanied by a copy of the new AQB CAP approval letter.</li> </ol>	<p>OREAB USE ONLY: APP <u>179</u> COURSE <u>903</u></p> <p><input type="checkbox"/> Disapproved.</p> <p><input checked="" type="checkbox"/> Approved for <u>7</u> hours of qualifying and/or continuing education.</p> <p>Course Expiration Date: <u>4-5-2022</u></p> <p>By: <u>EMS</u> Approval Date: <u>4-5-19</u></p> <p>Check No.: <u>1579</u> Check Date: <u>3-6-19</u></p>
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#20

396 ps. pdf slides on file! Vaper



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<b>Name and Address of Provider/Sponsor Submitting Course</b> Calypso Continuing Education Po Box 176 Randolph, VT 05060	<b>Name and Telephone Number of Contact Person</b> Name: <u>Connie Covey</u> Telephone: <u>1802-565-8238</u> Fax: <u>1802-728-3181</u> Email address: <u>Connie@calypsoedu.com</u>
---	---

<b>Course Title/Name:</b> <u>Environmental Hazards Impact on Value</u>	
<b>Provider #:</b> <u>APP179</u>	<b>Location:</b> <u>Online</u>
<b>Course #:</b> <u>902</u>	<b>Total Hours Requested:</b> <u>7</u> <b>City:</b> <u>N/A</u>
<b>Primary Instructor:</b> <u>Francis X. (Rich) Finigan</u> <u>6-1-19</u>	

"I certify that the information contained within this course remains the same as that originally submitted and I will notify the Oklahoma Real Estate Appraiser Board of any changes made in the information contained within this course within ten (10) days."

<u>Francis X Finigan</u> Name (Typed or Printed)	<u>FXF</u> Signature
<u>President</u> Title:	<u>March 6, 2019</u> Date:

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties. The provider of this course is and shall remain in compliance with the Appraiser Qualifications Board (AQB) Course Approval Program (CAP) Course Owner-Secondary Provider agreement as set forth in the AQB CAP Policies and Procedures, if applicable."

<u>Francis X. Finigan</u> Name (Typed or Printed)	<u>FXF</u> Signature
<u>President</u> Title:	<u>March 6, 2019</u> Date:

<p><u>Use this form to request renewal of courses for qualifying or continuing education.</u></p> <ol style="list-style-type: none"><li>Forward original form to OREAB. <b>Do not fax.</b></li><li>Attach <u>one</u> copy of the course outline that includes a time schedule, topics and learning objectives.</li><li>Attach <u>one</u> copy of <u>all</u> course materials, including published textbooks and examinations to be used in this course.</li><li>Submission must be received at least five working days prior to a Board meeting or it will be held over until the following meeting.</li><li>Course owners: attach AQB and IDECC approval letters.</li><li>Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter.</li><li>Course renewals must include a Twenty Dollar (\$20.00) non-refundable fee.</li><li>Renewals of courses that were approved based on AQB CAP approval must be accompanied by a copy of the new AQB CAP approval letter.</li></ol>	<p><b>OREAB USE ONLY:</b> APP <u>179</u> COURSE <u>902</u></p> <p><input type="checkbox"/> Disapproved.</p> <p><input checked="" type="checkbox"/> Approved for <u>7</u> hours of qualifying and/or continuing education.</p> <p>Course Expiration Date: <u>4-5-2022</u></p> <p>By: <u>EMS</u> Approval Date: <u>4-5-19</u></p> <p>Check No.: <u>1580</u> Check Date: <u>3-6-19</u></p>
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Real Estate Appraiser Board

## RENEWAL REQUEST FOR APPROVAL OF COURSE FOR CONTINUING EDUCATION CREDIT

SEE INSTRUCTIONS AT BOTTOM LEFT; ALL APPLICATIONS MUST INCLUDE PROPER REMITTANCE

Name and Address of Provider/Sponsor Submitting Course:  Calypso Continuing Education Po Box 176 Randolph, VT 05060 Provider #: APP <u>179</u>	Name and Telephone Number of Contact Person: Name: <u>Connie Covey</u> Telephone: <u>802-565-8247</u> Fax: <u>802-728-3181</u> Email address: <u>connie@calypsoedu.com</u>
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Course Title/Name: Mold A Growing Concern

- ☒ Standing Course  
☐ One-time or Limited-Period Seminar

If One-time or Limited-Period Seminar:

Date of Course: \_\_\_\_\_ Start Time: \_\_\_\_\_  
Location: Online

Primary Instructor: Francis X Finigan *Exp. 8-9-2022* City: \_\_\_\_\_

<b>Method of Instruction</b> <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Seminar <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other: _____	<b>Method of Determining Successful Completion</b> <input type="checkbox"/> Final Examination (or a series of examinations) – Proctored <input type="checkbox"/> Completed Text <input checked="" type="checkbox"/> Roster <input type="checkbox"/> Attendance Monitored by Sign-in/Sign-out Sheet <input checked="" type="checkbox"/> Other: <u>Student Affirmation and course</u>
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Total Hours Requested: 3

Has this course been approved by the Appraiser Qualifications Board (AQB) Course Approval Program?  
☐ Yes.  
☒ No.

Course Description: Describe General Content of Course:  
See attached

Text References: Name Published Text(s) to be used:  
See attached

### Name & Signature of Individuals Authorized to Sign Certificates of Completion:

Francis X Finigan

Name (Typed or Printed)

\*\*

Signature

\*\*

Signature

\*\* Facsimile signatures acceptable.

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties."

Francis X Finigan

Name (Typed or Printed)

Signature

Title: President

Date:

June 27, 2019

### Use this form to request approval of courses for continuing education.

- Forward original form to OREAB. Do not fax.
- Attach one copy of the course outline that includes a time schedule, topics and learning objectives.
- Attach one copy of all course materials, including published textbooks and examinations to be used in this course.
- Submissions must be received at least seven business days prior to a Board meeting or it will be held over until the following meeting.
- Course owners: attach AQB and IDECC approval letters.
- Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter.
- AQB approved course submittals must include a Twenty Dollar (\$20.00) non-refundable fee.
- Course submittals not approved by AQB must include a Fifty Dollar (\$50.00) non-refundable fee.

### OREAB USE ONLY: APP 179 COURSE 904

☐ Disapproved.

☒ Approved for 3 hours of continuing education.

Course Expiration Date: 8-9-2022

By: EMS Approval Date: 8-9-19

Check No.: 1784 Check Date: 7-3-19

REA-CE2 (1809)

(Previous editions obsolete)

#50-



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**RENEWAL**

**REQUEST FOR APPROVAL OF COURSE FOR CONTINUING EDUCATION CREDIT**  
**SEE INSTRUCTIONS AT BOTTOM LEFT; ALL APPLICATIONS MUST INCLUDE PROPER REMITTANCE**

<b>Name and Address of Provider/Sponsor Submitting Course:</b>  Calypso Continuing Education Po Box 176 Randolph, VT 05060  Provider #: APP <u>179</u>	<b>Name and Telephone Number of Contact Person:</b>  Name: <u>Connie Covey</u> Telephone: <u>802-565-8247</u> Fax: <u>802-728-3181</u> Email address: <u>connie@calypsoedu.com</u>
--	--

**Course Title/Name:** Victorian Era Architecture for Real Estate Professionals

☒ Standing Course      ☐ One-time or Limited-Period Seminar

**Primary Instructor:** Francis X Finigan <sup>Exp.</sup> 8-9-2022

**If One-time or Limited-Period Seminar:**  
Date of Course: \_\_\_\_\_ Start Time: \_\_\_\_\_  
Location: Online  
City: \_\_\_\_\_

<b>Method of Instruction</b> <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Seminar <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other: _____	<b>Method of Determining Successful Completion</b> <input type="checkbox"/> Final Examination (or a series of examinations) – Proctored <input type="checkbox"/> Completed Text <input checked="" type="checkbox"/> Roster <input type="checkbox"/> Attendance Monitored by Sign-in/Sign-out Sheet <input checked="" type="checkbox"/> Other: <u>Student Affirmation and course Certificate</u>
<b>Total Hours Requested:</b> 3	<b>Has this course been approved by the Appraiser Qualifications Board (AQB) Course Approval Program?</b> <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.

**Course Description:** Describe General Content of Course:  
See attached

**Text References:** Name Published Text(s) to be used:  
See attached

**Name & Signature of Individuals Authorized to Sign Certificates of Completion:**

Francis X Finigan	**
Name (Typed or Printed)	Signature
	**
Name (Typed or Printed)	Signature
	** Facsimile signatures acceptable.

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties."

Francis X Finigan	Signature
Name (Typed or Printed)	Date: <u>June 27, 2019</u>
Title: <u>President</u>	

**Use this form to request approval of courses for continuing education.**

1. Forward original form to OREAB. Do not fax.
2. Attach one copy of the course outline that includes a time schedule, topics and learning objectives.
3. Attach one copy of all course materials, including published textbooks and examinations to be used in this course.
4. Submissions must be received at least seven business days prior to a Board meeting or it will be held over until the following meeting.
5. Course owners: attach AQB and IDECC approval letters.
6. Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter.
7. AQB approved course submittals must include a Twenty Dollar (\$20.00) non-refundable fee.
8. Course submittals not approved by AQB must include a Fifty Dollar (\$50.00) non-refundable fee.

**OREAB USE ONLY: APP 179 COURSE 905**

☐ Disapproved.

☒ Approved for 3 hours of continuing education.

Course Expiration Date: 8-9-2022

By: EMJ Approval Date: 8-9-19

Check No.: 1748 Check Date: 6-19-19

\$50<sup>2</sup>



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FEB 10 2020

Real Estate Appraiser Board

**REQUEST FOR APPROVAL OF COURSE FOR CONTINUING EDUCATION CREDIT**

SEE INSTRUCTIONS AT BOTTOM LEFT; ALL APPLICATIONS MUST INCLUDE PROPER REMITTANCE

Calypso Cont Education Attn Connie Covey PO Box 176 Randolph, VT 05060 Provider #: APP 179	Name and Telephone Number of Contact Person: Name: <u>Connie Covey</u> Telephone: <u>802-565-8370</u> Fax: <u>802-728-3181</u> Email address: <u>Connie@Calypsoedu.com</u>
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Course Title/Name: Appraising Energy Efficient Residential Properties  
☒ Standing Course  
☐ One-time or Limited-Period Seminar

If One-time or Limited-Period Seminar:  
Date of Course: \_\_\_\_\_ Start Time: \_\_\_\_\_

Primary Instructor: Amy C McClellan *Ex. 4-5-2020*

Location: \_\_\_\_\_  
City: \_\_\_\_\_

<b>Method of Instruction</b> <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Seminar <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other: _____	<b>Method of Determining Successful Completion</b> <input type="checkbox"/> Final Examination (or a series of examinations) – Proctored <input checked="" type="checkbox"/> Completed Text <input type="checkbox"/> Roster <input type="checkbox"/> Attendance Monitored by Sign-in/Sign-out Sheet <input type="checkbox"/> Other: _____
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Total Hours Requested: <u>8</u>	Has this course been approved by the Appraiser Qualifications Board (AQB) Course Approval Program? <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.
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Course Description: Describe General Content of Course:  
Please see attached

Text References: Name Published Text(s) to be used:  
Please see attached

**Name & Signature of Individuals Authorized to Sign Certificates of Completion:**

Francis X Finigan Name (Typed or Printed)	<u>[Signature]</u> Signature
_____ Name (Typed or Printed)	_____ Signature

\*\* Facsimile signatures acceptable.

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties."

Francis X Finigan Name (Typed or Printed)	<u>[Signature]</u> Signature
Title: <u>President, Educational Director</u>	Date: <u>January 29, 2020</u>

<b>Use this form to request approval of courses for continuing education.</b> 1. Forward original form to OREAB. Do not fax. 2. Attach <u>one</u> copy of the course outline that includes a time schedule, topics and learning objectives. 3. Attach <u>one</u> copy of <u>all</u> course materials, including published textbooks and examinations to be used in this course. 4. Submissions must be received <u>at least five working days</u> prior to a Board meeting or it will be held over until the following meeting. 5. Course owners: attach AQB and IDECC approval letters. 6. Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter. 7. AQB approved course submittals must include a Twenty Dollar (\$20.00) non-refundable fee. 8. Course submittals <u>not</u> approved by AQB must include a Fifty Dollar (\$50.00) non-refundable fee.	<b>OREAB USE ONLY:</b> APP <u>179</u> COURSE <u>906</u> <input type="checkbox"/> Disapproved. <input checked="" type="checkbox"/> Approved for <u>8</u> hours of continuing education. Course Expiration Date: <u>2-21-2023</u> By: <u>EMS</u> Approval Date: <u>2-21-20</u> Check No.: <u>2156</u> Check Date: <u>1-28-20</u>
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*\*50=*



506 ps. pdf student handbook on file. ✓ may



State of Oklahoma  
REAL ESTATE APPRAISER BOARD

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MAR 29 2019

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Name and Address of Provider/Sponsor Submitting Course Calypso Continuing Education Po Box 176 Randolph, VT 05060	Name and Telephone Number of Contact Person Name: <u>Connie Covey</u> Telephone: <u>1802-565-8238</u> Fax: <u>1802-728-3181</u> Email address: <u>Connie@calypsoedu.com</u>
--	--

Course Title/Name: <u>A Brief Stroll through America's Architecture for Appraisers</u>	
Provider #: <u>APP179</u>	Location: <u>Online</u>
Course #: <u>901</u>	Total Hours Requested: <u>7</u> City: <u>N/A</u>
Primary Instructor: <u>Francis X. (Rich) Finigan</u>	

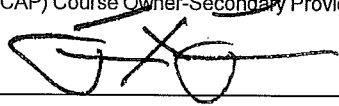
"I certify that the information contained within this course remains the same as that originally submitted and I will notify the Oklahoma Real Estate Appraiser Board of any changes made in the information contained within this course within ten (10) days."

Francis X Finigan  
Name (Typed or Printed)  
Title: President

\_\_\_\_\_  
Signature  
Date: March 20, 2019

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties. The provider of this course is and shall remain in compliance with the Appraiser Qualifications Board (AQB) Course Approval Program (CAP) Course Owner-Secondary Provider agreement as set forth in the AQB CAP Policies and Procedures, if applicable."

Francis X. Finigan  
Name (Typed or Printed)  
Title: President

  
Signature  
Date: March 20, 2019

Use this form to request renewal of courses for qualifying or continuing education.

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2. Attach one copy of the course outline that includes a time schedule, topics and learning objectives.
3. Attach one copy of all course materials, including published textbooks and examinations to be used in this course.
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6. Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter.
7. Course renewals must include a Twenty Dollar (\$20.00) non-refundable fee.
8. Renewals of courses that were approved based on AQB CAP approval must be accompanied by a copy of the new AQB CAP approval letter.

OREAB USE ONLY: APP 179 COURSE 901

☐ Disapproved.

☒ Approved for 7 hours of qualifying and/or continuing education.

Course Expiration Date: 5-1-2022

By: EMS Approval Date: 5-1-19

Check No.: 1623 Check Date: 3-25-19

\*25=



261 ps. pdf course material on file. ✓

**State of Oklahoma**  
**REAL ESTATE APPRAISER BOARD**  
 400 NE 50<sup>th</sup> St., Oklahoma City, Oklahoma 73105-1816  
 Phone: (405) 521-6636 Fax: 522-6909 Email: [reabadmin@oid.ok.gov](mailto:reabadmin@oid.ok.gov)  
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MAY 21 2020

Real Estate Appraiser Board

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<b>Name and Address of Provider/Sponsor Submitting Course</b>  Calypso Continuing Education PO Box 176 Randolph, VT 05060	<b>Name and Telephone Number of Contact Person</b> Name: <u>Connie Covey</u> Telephone: <u>802-565-8238</u> Fax: <u>802-728-4015</u> Email address: <u>Connie@calypsoedu.com</u>
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<b>Course Title/Name:</b> <u>Construction Details, Concept to Completion</u>	
<b>Provider #:</b> <u>App179</u>	<b>Location:</b> _____
<b>Course #:</b> <u>907</u>	<b>Total Hours Requested:</b> <u>7</u>
<b>City:</b> <u>online</u>	
<b>Primary Instructor:</b> <u>Francis X Finigan Exp. 5-26-2023</u>	

"I certify that the information contained within this course remains the same as that originally submitted and I will notify the Oklahoma Real Estate Appraiser Board of any changes made in the information contained within this course within ten (10) days."

<u>Francis X Finigan</u> Name (Typed or Printed)	 Signature
Title: <u>President, Educational Director</u>	Date: <u>May 15, 2020</u>

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties. The provider of this course is and shall remain in compliance with the Appraiser Qualifications Board (AQB) Course Approval Program (CAP) Course Owner-Secondary Provider agreement as set forth in the AQB CAP Policies and Procedures, if applicable."

<u>Francis X Finigan</u> Name (Typed or Printed)	 Signature
Title: <u>President, Educational Director</u>	Date: <u>May 15, 2020</u>

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\*20\*\*





210 ps. pdf course handbook on file

# State of Oklahoma REAL ESTATE APPRAISER BOARD

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## REQUEST FOR APPROVAL OF COURSE FOR CONTINUING EDUCATION CREDIT

SEE INSTRUCTIONS AT BOTTOM LEFT; ALL APPLICATIONS MUST INCLUDE PROPER REMITTANCE

Calypso CE Attn Connie Covey PO Box 176 Randolph, VT 05060 Provider #: APP <u>179</u>	Name and Telephone Number of Contact Person: Name: <u>Connie Covey</u> Telephone: <u>802-565-8238</u> Fax: <u>802-728-3181</u> Email address: <u>connie@calypsoedu.com</u>
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Course Title/Name: Cost Approach and Land Valuation

- ☐ Standing Course  
☐ One-time or Limited-Period Seminar

If One-time or Limited-Period Seminar:

Date of Course: \_\_\_\_\_ Start Time: \_\_\_\_\_  
 Location: Online

Primary Instructor: Francis X Finigan 5-26-2023

City: \_\_\_\_\_


<b>Method of Instruction</b> <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Seminar <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other: _____	<b>Method of Determining Successful Completion</b> <input type="checkbox"/> Final Examination (or a series of examinations) – Proctored <input type="checkbox"/> Completed Text <input type="checkbox"/> Roster <input type="checkbox"/> Attendance Monitored by Sign-in/Sign-out Sheet <input type="checkbox"/> Other: _____
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<b>Total Hours Requested:</b> <u>7</u>	Has this course been approved by the Appraiser Qualifications Board (AQB) Course Approval Program? <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.
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**Course Description:** Describe General Content of Course:  
Please see attached

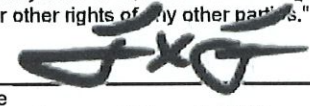
**Text References:** Name Published Text(s) to be used:

**Name & Signature of Individuals Authorized to Sign Certificates of Completion:**

Name (Typed or Printed) <u>Francis X Finigan</u>	Signature 
Name (Typed or Printed) _____	Signature _____

\*\* Facsimile signatures acceptable.

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties."

Name (Typed or Printed) <u>Francis X Finigan</u>	Signature 
Title: <u>President</u>	Date: <u>June 20, 2020</u>

Use this form to request approval of courses for continuing education. 1. Forward original form to OREAB. Do not fax. 2. Attach one copy of the course outline that includes a time schedule, topics and learning objectives. 3. Attach one copy of all course materials, including published textbooks and examinations to be used in this course. 4. Submissions must be received at least five working days prior to a Board meeting or it will be held over until the following meeting. 5. Course owners: attach AQB and IDECC approval letters. 6. Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter. 7. AQB approved course submittals must include a Twenty Dollar (\$20.00) non-refundable fee. 8. Course submittals not approved by AQB must include a Fifty Dollar (\$50.00) non-refundable fee.	<b>OREAB USE ONLY: APP <u>179</u> COURSE <u>908</u></b> <input type="checkbox"/> Disapproved. <input checked="" type="checkbox"/> Approved for <u>7</u> hours of continuing education. Course Expiration Date: <u>8-7-2023</u> By: <u>EMS</u> Approval Date: <u>8-7-2020</u> Check No.: <u>2443</u> Check Date: <u>7-10-20</u>
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