

# Reapplication for Educational Course Instructor

**GENERAL INFORMATION:** This form is used to request reapproval for another four years to teach educational courses approved by the Comptroller's office and required for Texas Department of Licensing and Regulation property tax professional designations.

**FILING INSTRUCTIONS:** This form and all supporting documentation must be submitted to the Comptroller's Property Tax Assistance Division (PTAD) at [PTPEdu@cpa.texas.gov](mailto:PTPEdu@cpa.texas.gov).

**ADDITIONAL INFORMATION:** Occupations Code Section 1151.1015 requires PTAD to approve educational courses. In order to facilitate this process, course instructor approval is also required. Refer to PTAD *Guidelines for Educational Approval* for a full description of minimum qualifications and requirements.

## SECTION 1: Instructor Information

Full Name of Instructor \_\_\_\_\_ Instructor Telephone Number \_\_\_\_\_

Instructor Mailing Address \_\_\_\_\_

Instructor Email Address \_\_\_\_\_ Professional Designation \_\_\_\_\_ License No. \_\_\_\_\_

## SECTION 2: Courses Taught

List the name of each course taught in the previous four-year period, the dates taught, the course sponsor and if reapplication to teach the course is sought. Attach additional pages with listings, if necessary.

Name of Course Taught	Dates Taught	Sponsor Name	Reapplying to Teach Yes/No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 3: Instructor Compliance

Have you had a complaint filed against you with the Texas Department of Licensing and Regulation, State Bar of Texas, International Association of Assessing Officers or any other governmental or professional organization for any reason since application or reapplication approval? .....  Yes  No

If yes, please describe the complaint and the outcome: \_\_\_\_\_

## SECTION 4: Professional Development

Have you received a minimum of eight (8) hours of instructor professional development in the last four years? .....  Yes  No

Attach proof of attending the required professional development program(s) in the last four years.

## SECTION 5: Signature

I affirm that the above-described professional activity is true and correct. I am aware that any misrepresentations by me warrant my removal as an approved instructor.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_