

STATE OF IOWA

GOVERNOR TERRY E. BRANSTAD LT. GOVERNOR KIM REYNOLDS

Please complete below and submit with your navment

## IOWA DEPARTMENT OF COMMERCE PROFESSIONAL LICENSING & REGULATION

## **Work Product Appraisal Submission**

Applicants seeking an original or upgrade certification must submit work product review. A Committee of the Board will evaluate your work product for compliance with applicable appraisal standards then present their findings to the Board for final determination of your application for certification.

193F-5.6(9) and 6.6(9) allow an associate to voluntarily submit work product to the Board to be reviewed by a peer reviewer for educational purposes, after accumulating a minimum of 500 hours of appraisal experience. A maximum of three reports may be submitted for review during the experience portion of certification process.

The first step for all applicants is to submit your log and the log application. DO NOT SUBMIT THIS APPLICATION unless you have completed the log application step. When submitting reports, be sure to include four copies each of the selected reports, work file, as well as a CD containing all reports submitted by paper.

The initial cost for work product review depends on the certification you seek. The original submission fee for certified residential applicants is \$300 and \$650 for certified general applicants. If additional work product is requested by the Board, or you are voluntarily submitting reports for review, the applicant shall be required to pay \$150 for each residential report and \$250 for each non-residential report.

You will be contacted by the Board office once the reviews are complete—please do not contact the Board for a progress report. The Board will schedule a date for you to meet with the Work Product Review Committee for a personal interview before making a recommendation to the Board at the Board's next regularly-scheduled meeting. Normal processing times are usually 60-90 days, but may vary depending on individual circumstances.

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Name of applicant:	
Associate or certified registration number:	
Work product appraisal review for: certification ☐ review only ☐	
Date of submission:	
Phone number:	
E-mail address:	
☐ Check or money order enclosed for payment \$	_ Payable to the State of Iowa
□ Credit card payment \$ □ VISA □ MasterCard	d □ Discover
Credit card number:	_ Expiration date:/
Name of Cardholder (please print)  Signature	