



REQUEST FOR ASSESSOR-APPRAISER CONTINUING EDUCATION CREDIT

State Form 55808 (3-15)
Prescribed by the Department of Local Government Finance

Level I, Level II, and Level III continuing education instructors are to distribute this form at their courses to those seeking continuing education (CE) credit hours.

Student: Please complete entire form and have the instructor initial the bottom portion. Tear off the bottom portion to keep for your records.

Instructors: Please initial each CE form and collect all top portions and mail them directly to:

Donna Bratcher
Dept of Local Government Finance
100 N Senate Ave, Rm N1058
Indianapolis, IN 46204

TO ENSURE THAT YOU RECEIVE CREDIT FOR THE COURSE, PLEASE PRINT THE FOLLOWING INFORMATION.

Course Title	Instructor
Location	Date (month, day, year)
Start and End Time	CE Hours Requested
Name	Title
County	Township
Organization Name (if applicable)	
Preferred Address (number and street)	
City, State, and ZIP	
Work telephone ()	Home or cellular telephone ()
Email address	

Detach here and keep bottom portion for your records.



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I hereby acknowledge that I attended this course as confirmed by the instructor's initials here: _____

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County	Township
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