

# Nevada Department of Taxation

## Request For Continuing Education Credit or Addition to Transcript

Return this form to:  
 Division of Assessment Standards  
 1550 College Parkway  
 Carson City, Nevada 89706

Step 1. Please provide the following contact information:

<b>Name</b>	<b>Job Title</b>	<b>Employer</b>
<b>Street Address or P.O. Box</b>	<b>City</b>	<b>State    Zip</b>
<b>Daytime telephone</b>	<b>Fax Number</b>	<b>E-mail Address</b>

Step 2. Please tell us what course(s) you want added to your transcript. Attach a list if there is not enough space below. **(If you don't know what is already on your transcript, please call the Department for a copy.)**

**I request the following course(s) be added to my transcript:**

Course Title and Number \_\_\_\_\_ Number of proposed credit hours: \_\_\_\_\_

Date Taken: \_\_\_\_\_ Course Provider: \_\_\_\_\_

**Please attach the certificate of completion. If the certificate of completion is not attached or previously provided to the Department, your request cannot be granted.**

Step 3. Please tell us if you want the Department to consider granting credit for continuing education requirements pursuant to NRS 361.223(1), for the course(s) you listed above or on an attached sheet.

**I am requesting the course listed above be considered for credit at this time. Yes \_\_\_\_\_ No \_\_\_\_\_**  
 (If you want to request credit for the course listed above at some later date, you may do so.)

This course was previously submitted and already appears on my transcript. Now I would like to have credit granted. Yes \_\_\_\_\_ No \_\_\_\_\_ Certificate Attached? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered no, was the certificate previously submitted? Yes \_\_\_\_\_ When? \_\_\_\_\_  
 Have you ever taken this course before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_  
 Has this course been previously approved by the Appraiser Certification Board? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

Step 4. Sign and date this form.

\_\_\_\_\_  
**Name** \_\_\_\_\_  
**Date**

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**Verification of Continuing Education, to be completed by Department**

Number of Credit Hours Granted: \_\_\_\_\_ Number of Credit Hours Appearing on Transcript: \_\_\_\_\_  
 Applied to five-year period beginning and ending: \_\_\_\_\_  
 Reason for denial of credit, if any: \_\_\_\_\_  
 By: \_\_\_\_\_

\_\_\_\_\_  
 Division of Assessment Standards Title \_\_\_\_\_  
 Date

Reviewed by:  
 \_\_\_\_\_  
 Division of Assessment Standards Title \_\_\_\_\_  
 Date

**Questions? Call Leona Hopper at 775-684-2044.**