



State Board of Appraisers, Abstractors, and Home Inspectors
 900 West Capitol Avenue, Suite 400
 Little Rock, AR 72201
 501-296-1843
 www.labor.arkansas.gov

FORM ECIPA-210
 Educ. Application:
 Instructor

APPLICATION FOR INSTRUCTOR

(Provide a separate application and attach a resume for each individual instructor.)

PROVIDER NAME _____

COURSE TITLE _____

For: Continuing Education Qualifying Education Both

Name _____

Address _____

City, State, Zip _____

Email Address _____ Phone _____

Home Inspector License/Certification # _____ State Licensed In _____

MINIMUM STANDARDS FOR INSTRUCTOR

As a guide, instructors for qualifying and/or continuing education may be approved on a course-by-course basis after meeting one or more of the following minimum qualifications. Meeting minimum standards does not denote automatic acceptance to teach a particular course.

_____ Has three (3) years of experience directly related to the subject matter to be taught; or

_____ Has three (3) years or 300 classroom hours of home inspector teaching experience directly related to the subject matter to be taught.

I certify that I have presented true statements throughout this application form that can be verified to the best of my knowledge and belief.

 Signature of Applicant

 Date