COMMISSION OF REAL ESTATE APPRAISERS, APPRAISAL MANAGEMENT COMPANIES AND HOME INSPECTORS 500 N. CALVERT STREET, ROOM 302 BALTIMORE, MD 21202 (410) 230-6165 fax (410) 333-6314

APPLICATION FOR COURSE APPROVAL – 72- HOUR HOME INSPECTOR TRAINING

General Information: This application must be received at least 60 days prior to an anticipated course offering. Providers must remit curriculum for a home inspector training course that contains a minimum of 72 hours of on-site training approved by a national home inspection organization and the Commission pursuant to Bus. Occ. and Prof. Article, §16-3A-03, <u>Annotated Code of Md</u>. The training course must include a minimum curriculum in the following areas: Structural Systems 9 hours; Exterior Systems 6 hours; Interior Systems 4 hours; Roofing Systems 10 hours; Plumbing Systems 6 hours; Electrical Systems 7 hours; Air Conditioning Systems 6 hours; Insulation and Ventilation Systems 3 hours; Fireplace and Solid Burning Systems 3 hours; Heating Systems 9 hours; Maryland Standards of Practice 4 hours; Maryland Code of Ethics 1 hour; and Inspection Report Writing – 4 hours

The Commission's approval of a training program requires that the following are observed:

(1) The training is taught in a conventional, classroom based environment.

(2) The course provider must provide the location, logistical support, and all administrative activities associated with the implementation of the home inspection curriculum.

(3) The course provider must give an in-class examination at the completion of the program.

(4) The course provider cannot issue a course completion certificate to any individual who does not successfully complete the prescribed education and/or the final examination administered at the completion of the program.

(5) The course provider agrees to admit a member of the Commission to monitor the program(6) The course completion certificate must identify the name of the student, the name of the course provider, the number of hours of training, the location of the training, and the date(s) of program.

| Course Sponsor: | |
|---|------------------------------------|
| Name of Provider: | |
| Address: | |
| Contact Person: | |
| Course Title: | |
| Number of Hours: | |
| Location of Course: | |
| I understand that I am required to maintain on file a written commencing the above titled course offering for credit. | approval from the MCREAHI prior to |

Signature of Applicant