### Wisconsin Department of Safety and Professional Services

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#### OFFICE OF EDUCATION AND EXAMINATIONS

### REQUEST FOR APPROVAL OF AUCTIONEER CONTINUING EDUCATION PROGRAM OR COURSES

	PLEASE TYPE O	K PKINT IN INK.	•					
1.	NAME OF SCHOOL	2. NAME	E OF EDUCATIO	NAL ADMINIS	ΓRATOR			
3.	ADDRESS (number, street, city, state, zip code)	4. DAYT	IME TELEPHON	NE NUMBER				
	, , , , , , , , , , , , , , , , , , , ,	(	)					
5.	Check the course for which you are seeking approval and check whether each course will be presented as classroom education or distance learning. The required ethics course must be 3 hours in length, or comparable in content coverage if distance learning. Please submit a separate application for each continuing education course. If approved, the approval of this course will expire on December 14 <sup>th</sup> of each even-numbered year.							
	Required Course:		Classroom Education	Distance <u>Learning**</u>	<u>Hours</u>			
	Auctioneer Ethical & Professional Conduct-Wisconsin Laws				3			
**1	Optional Courses:  Maintenance of Records & Trust Accounts-Wiscons Federal & Wisconsin Laws Relating to Auctioneerin Real Estate Auctions – Practice & Legal Requireme Commercial Auctions – Practice & Legal Requireme Agricultural Auctions – Practice & Legal Requireme Internet Auctions Proxy Bids OTHER:	nts ents ents	Daning classes **					
	**Please see SPS 128.04(1m) for documentation needed for distance learning classes.**  5. I have enclosed (number) of multiple-choice examination questions with this application. (At least 5 for each hour of instruction are required.)							
7.	. Enclose promotional materials and other materials which describe the organizational structure, physical facilities, registration policies, and the student record system of your school.							

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8.	Our school's method of evaluating instructors is as follows:					
9.	Program Content Attach course outline. Itemize the number of educational hours for each portion or topic of the program or course. Attach supporting information, if necessary.					
10.	The method of instruction for the above-described program or courses will be one or more of the following Approved instructor physically present in the classroom.  Other: Please describe:	owing:				
11.	. State the name of each instructor who will present the above-described program or course. Also, complete an "Application for Approval of Auctioneer Instructor" (Form #2281) for each instructor whom the Department has never approved as an instructor for the current biennium (12/15/EVEN-12/14/EVEN).					
		YES	NO			
12.	Do you agree to inform the Department of any changes in the information which you provided in this application form within 10 days following the date of the change?					
13.	Is enrollment open to all auctioneers regardless of sex, race, color, sexual orientation as defined in sec. 111.32(13m), Stats., disability, religion, age, family status, national origin or membership in any organization?					
14.	Will you require students to attend the whole course and successfully pass a multiple-choice examination at the end of the course before giving them a certificate of completion for that course from your school?					
15.	Did you attach, for approval by the Department, at least 5 multiple-choice questions for each hour of instruction that comply with reasonable standards of test development, relate to the substantive contents of the continuing education program or course, are the original work of the writer, and are not published? (Please note the instructions in Form #2582, Instructions for Submitting Continuing Education Questions, relating to preparation of exam questions.)					
16.	Is attendance monitored at approved educational programs?					
17.	Do you agree to conduct an exam at the end of each continuing education program or course consisting of at least 5 multiple-choice questions for each hour of instruction, which shall be a closed-book exam with a passing score of no less than 70%? (NOTE: Students must correctly answer 11 out of 15 questions following a 3-hour course.)					
18.	Do you agree to distribute course evaluation survey forms to each participant?					
19.	Do you agree not to make available to students specific exam questions or answers to questions at any time before administering the exam?					
20.	Do you agree to keep tests and answer sheets in a secure location at all times before and after the exam, including during construction and printing?					

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		YES	NO				
21.	Do you agree to inform students of the number of points of credit for each question in the exam and the passing score?						
22.	Do you agree to provide clear instructions to students for recording their responses on the exam booklet?						
23.	Do you agree to provide each student with a certificate of attendance, as required in Chapter SPS 128.05, Wis. Admin. Code?						
24.	Do you agree to retain attendance records for at least 5 years after the program or course has been conducted?						
25.	25. On separate pages, describe <b>how your school will carry out each of the following procedures</b> for all the distance education courses checked above. If these procedures will globally apply to all of the courses, one set of answers will suffice. However, if the procedures differ for certain courses, a separate set of answers will be needed for describing the differences and clearly identifying the courses affected by each set of procedures.						
	a. Ensure that instructors approved by the department are available to the students at reasonable means.	ole times	and by				
	b. Provide a reasonable level of examination security for the examination given at the end of each decontinuing education course.	istance ed	lucation				
	c. Sufficiently cover the subjects required and/or specified for the courses.						
	d. Provide reasonable oversight to ensure that the students who take the distance learning program enrolled students.	or course	s are the				
	e. Provide a reasonable opportunity for student self-evaluation of mastery.						
	TO BE COMPLETED BY THE EDUCATIONAL ADMINISTRATO	OR					
I h	ereby certify that all statements made in this application are true to the best of my lief.	knowled	ge and				
Prin	nt Name and Title of Education Administrator  Date						
Sign	nature of Educational Administrator						