

Application received: _____ File# _____

Application approved: _____

INSTITUTE OF IOWA CERTIFIED ASSESSORS
Application for Candidate Membership

Date: _____

Name: _____

Jurisdiction: _____

Title: _____

Business Address:

City: _____ State: _____ Zip: _____

Email address: _____

2. MEMBERSHIP

2.1. Regular Member (Reserved for future use)

2.2. Candidate Member

2.2.1. Submit application for candidacy along with application fee to the secretary/treasurer.

2.2.2. Application approved by majority vote of the Board of Directors.

2.3. Certification Requirements

2.3.1. Be a member of the Iowa State Association of Assessors.

2.3.2. Have at least three years of experience in the profession of ad valorem appraisal.

2.3.3. Complete all requirements within a period of three years from the date of the application for candidacy.

2.3.4. Submission of documentation confirming candidate received a passing grade on examinations in the following courses:

IAAO Course 101, "Fundamentals of Real Property Appraisal"

IAAO Course 102, "Income Approach to Valuation"

IICA Course, "Iowa Assessment and Taxation Review"

2.3.5. Submit to the Board of Directors one narrative appraisal of improved real estate which must be of an age to contain at least two forms of depreciation; such appraisal must include all three approaches to value.

A passing score upon completion of the Iowa Residential Case Study course may be substituted for the narrative appraisal.

2.3.6. Pass a written comprehensive examination which shall cover all phases of assessment procedure and Iowa assessment law.

2.3.6.1. The time and location of the examination will be determined by the secretary/treasurer as approved by the Board of Directors.

2.3.6.2. At the discretion of the Board of Directors, an oral examination may also be conducted.

2.3.6.3. Grading of the comprehensive exam.

2.3.6.3.1. The recertification monitor shall grade the exam and shall forward the results to a member of the Board of Directors along with the exam and the answer sheet.

2.3.6.3.2. The designated Board of Director member(s) shall then review the scoring of the exam, note any scoring discrepancies, and contact the recertification monitor to resolve the discrepancies.

2.3.6.3.3. If there are no discrepancies or all discrepancies have been resolved to the satisfaction of the recertification monitor and the designated member, the results shall be forwarded to the president and notice shall be sent informing the candidate of the results of the exam.

2.3.7. Application for certification shall be on forms prescribed and furnished by the Board; shall contain statements made under oath, showing the applicants education and experience; and be accompanied by the application fee as set by the Board of Directors. The secretary/treasurer shall issue a receipt for the application fee, and all fees deposited shall be retained by the Institute.

- 2.3.8. Upon successful completion of all requirements, the Board of Directors shall issue the Iowa Certified Assessor certificate signed by the president and secretary/treasurer.
- 2.3.9. The recertification monitor shall notify new ICA designees of all recertification requirements and procedures.
- 2.3.10. Candidates failing the comprehensive examination may apply to retake the examination not earlier than 30 days from the date of the first attempt.
- 2.3.11. The comprehensive examination shall not be made available for review at any time by any candidate seeking the ICA designation.
- 2.3.12. Candidates failing the comprehensive examination on the second attempt must complete a course of study as determined by the Examining Board prior to taking the examination again.
 - 2.3.12.1. The president shall appoint two members of the Examining Board to review the examination results of the candidate.
 - 2.3.12.2. Those members shall determine the course(s) the candidate must successfully complete prior to applying to retake the comprehensive examination.

Complete the items below, giving as much information as possible.

1. Date of Birth: _____

2. Class of ISAA Membership: _____

3. Experience: (Please provide complete details of your experience in the assessment profession, including where you have worked, job duties and dates.)

4. Education:

a. High School

Name of school: _____

Date of graduation: _____

b. College

Name of school: _____

Date of graduation: _____

Major: _____

Degree received: _____

c. In-service Training: such as ISAA schools or other providers along with the dates attended: _____

5. Instruction: Please list where you have taught or lectured, the dates of each and the subject matter.

6. Published papers: Please list any papers you have published, the subject matter, name of the publication or periodical and the date the article appeared. If possible, include copies of each article.

7. References: Please list three references, each of whom is familiar with your professional qualifications and personal conduct. Please give complete addresses.

8. Included a check for \$10.00 to cover the application fees as prescribed by the Articles of the Constitution and the Bylaws.

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief and that I will abide by the Constitution, Bylaws and the Code of Ethics of the Institute of Iowa Certified Assessors.

Signature _____