



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE AUCTIONEER COMMISSION
500 James Robertson Parkway
Davy Crockett Tower, 6TH Floor
Nashville, Tennessee, 37243-1152
(615) 741-3600

INSTRUCTOR APPROVAL

PERSONAL INSTRUCTOR INFORMATION

INSTRUCTOR NAME:

INSTRUCTOR ADDRESS:

INSTRUCTOR PHONE:

INSTRUCTOR FAX:

INSTRUCTOR E-MAIL:

LIST ANY DISCIPLINARY ACTION TAKEN BY ANY LICENSING OR CERTIFYING BODY:

CHECK AT LEAST ONE AREA IN WHICH YOU MEET THE REQUIREMENT FOR TEACHING CONTINUING EDUCATION COURSES FOR AUCTIONEERS AND ATTACH SUPPORTING DOCUMENTATION:

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|---|
| <input type="checkbox"/> A Masters Degree in any field and two (2) years of experience directly related to the subject matter to be taught. |
| <input type="checkbox"/> A Baccalaureate degree in any field and three (3) years of experience directly related to the subject matter to be taught. |
| <input type="checkbox"/> A Masters Degree or higher degree in a field that is directly related to the subject matter being taught. |
| <input type="checkbox"/> An Associate Degree and five (5) years of experience directly related to the subject matter being taught. |
| <input type="checkbox"/> Seven (7) years of auction experience directly related to the subject matter being taught. |

LIST ALL STATES IN WHICH YOU CURRENTLY HOLD AND AUCTIONEER OR APPRENTICE AUCTIONEER LICENSE:
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LIST ALL VENDORS FOR WHOM YOU HAVE PREVIOUSLY TAUGHT THIS COURSE:

<p>LIST ALL INSTRUCTOR'S CLINICS THAT YOU HAVE ATTENDED IN THE LAST FIVE (5) YEARS:</p>
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SIGNATURE (TITLE)

DATE

PRINT NAME