

Updated  
9-5-2025

Sept

*[Handwritten initials]*

RECEIVED  
Oklahoma Insurance Dept.

JUL 23 2025



State of Oklahoma

REAL ESTATE APPRAISER BOARD

400 NE 50th St. Oklahoma City, Oklahoma 73105-1816  
Phone: (405) 521-6636 Fax: 522-6909 Email: [reabadmin@oid.ok.gov](mailto:reabadmin@oid.ok.gov)  
Website: [www.reab.oid.ok.gov](http://www.reab.oid.ok.gov)

Real Estate Appraiser Board

REQUEST FOR APPROVAL OF COURSE FOR CONTINUING EDUCATION CREDIT

SEE INSTRUCTIONS AT BOTTOM LEFT; ALL APPLICATIONS MUST INCLUDE PROPER REMITTANCE

Name and Address of Provider/Sponsor Submitting Course:  Green Mountain eLearning, LLC  Provider #: APP 205 <i>online</i>	Name and Telephone Number of Contact Person: Name: <u>Connie J Covey</u> Telephone: <u>802-433-7433</u> Fax: _____ Email address: <u>info@greenmountainelearning.com</u>
--	---

Course Title/Name: Measuring Square Footage with ANSI

Standing Course  
 One-time or Limited-Period Seminar

If One-time or Limited-Period Seminar:  
Date of Course: \_\_\_\_\_ Start Time: \_\_\_\_\_  
Location: Online asynchronous  
City: \_\_\_\_\_

Primary Instructor: David Hampton Thomas

7-31-2028

Method of Instruction <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Seminar <input checked="" type="checkbox"/> On-line <input type="checkbox"/> Other: _____	Method of Determining Successful Completion <input type="checkbox"/> Final Examination (or a series of examinations) – Proctored <input checked="" type="checkbox"/> Completed Text <input type="checkbox"/> Roster <input type="checkbox"/> Attendance Monitored by Sign-In/Sign-out Sheet <input checked="" type="checkbox"/> Other: <u>Forced Progression</u>
---	---

Total Hours Requested: 4

Has this course been approved by the Appraiser Qualifications Board (AQB) Course Approval Program?  
 Yes.  
 No.

Course Description: Describe General Content of Course:  
Regarding how and why to use the ANSI measuring standard

Text References: Name Published Text(s) to be used:

Name & Signature of Individuals Authorized to Sign Certificates of Completion:

David Hampton Thomas  
Name (Typed or Printed)      *David Hampton Thomas*  
Signature

Name (Typed or Printed)      \_\_\_\_\_  
Signature

\*\* Facsimile signatures acceptable.

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties."

Connie J Covey  
Name (Typed or Printed)      *Connie J Covey*  
Signature

Title: Owner      Date: July 22, 2025

- Use this form to request approval of courses for continuing education.
- Forward original form to OREAB. Do not fax.
  - Attach *one* copy of the course outline that includes a time schedule, topics and learning objectives.
  - Attach *one* copy of all course materials, including published textbooks and examinations to be used in this course.
  - Submissions must be received at least seven business days prior to a Board meeting or it will be held over until the following meeting.
  - Course owners: attach AQB and IDECC approval letters.
  - Secondary Providers: include a copy of the course owner-secondary provider agreement, AQB approval letter (if applicable), and provider specific IDECC approval letter.
  - AQB approved course submittals must include a Twenty Dollar (\$20.00) non-refundable fee.
  - Course submittals *not* approved by AQB must include a Fifty Dollar (\$50.00) non-refundable fee.

OREAB USE ONLY: APP 305 COURSE 905

Disapproved.  
 Approved for 4 hours of continuing education.

Course Expiration Date: 1-23-2028

By: *[Signature]* Approval Date: 9-5-2025

Check No.: 33401475626 Check Date: 7-29-2025

PAYMENT RECEIVED

JUL 29 2025

INSURANCE COMMISSIONER  
REAL ESTATE APPRAISER BOARD

REA-CE2 (2002)  
(Previous editions obsolete)  
*400*