

# Application to Request Board of Review Member Training Program Material

This form is issued under authority of Public Act 206 of 1893.

The State Tax Commission recommends that all new and returning Board of Review Members attend a training session annually to acquire relevant knowledge and information related to current legislation that is necessary to accurately and uniformly carry out the duties and responsibilities of an appointed Board of Review Member. In an effort to assist Board of Review Members, the State Tax Commission has developed material for a course which can be offered to Board of Review Members in a two to three hour training session format and may be obtained by sponsoring organizations (individual, local unit, county or organization) free of charge.

**Instructions to Request Training Material:** A sponsoring organization may request to receive the Board of Review Member Training Program material by submitting a completed application form and the required instructor information in Part 2 to the State Tax Commission. The instructor is required to be MAAO or MMAO certified.

Approved organizations will be provided with the course material in electronic format which may be further distributed in electronic format to the course instructor and in hard copy format to registered students. The State Tax Commission Board of Review Member Training Program material may not be further published, broadcast, rewritten or redistributed in whole or part without the express written permission of the State Tax Commission. Accuracy of the course instruction is the responsibility of the approved sponsoring organization.

**Submit the completed application (one application for each session) and additional supplemental documentation by email to Nancy Armstrong at [armstrongn@michigan.gov](mailto:armstrongn@michigan.gov) or by fax to 517-241-1650. Please allow two weeks for processing.**

| Part 1: Course Information  |  |                               |
|---|--|-------------------------------|
| Sponsoring Organization Name  | Sponsoring Organization Contact Person |                               |
| Contact Telephone Number  | Contact E-mail Address                 |                               |
| Course Location   | Course Date                            |                               |
| Part 2: Instructor Information  |  |                               |
| Instructor Name   |  |                               |
| Assessor Certification Number<br>R-   | Assessor Certification Level           | Other Relevant Certifications |
| Please list and or attach qualifications to instruct the Board of Review Member Training Program, such as; resume, list of previously instructed courses, certifications, etc.  |  |                               |
|   |  |                               |
|   |  |                               |
|   |  |                               |
| Part 3: Acknowledgement & Certification   |  |                               |
| <i>I hereby certify by my signature below that all the information contained within and attached to this application is true and accurate to the best of my knowledge, information and belief. I acknowledge the understanding that the Board of Review Member Training Material may not be published, broadcast, rewritten or redistributed in whole or part without the express written permission of the State Tax Commission.</i> |  |                               |
| Sponsoring Organization Contact Person Signature  | Date                                   |                               |

# SAMPLE BOARD OF REVIEW MEMBER TRAINING PROGRAM INSTRUCTOR AGREEMENT

**Instructor Agreement Terms:**

As the instructor(s) of the State Tax Commission's Board of Review Member Training Program I shall conduct myself with integrity throughout the teaching assignment. An appropriate and professional relationship shall be maintained with students both in and outside the classroom throughout the teaching assignments. I shall strive to establish a positive learning environment within the classroom and shall work to further knowledge of the legislation and policies of the Board of Review process for efficient administration of property taxation throughout the State of Michigan.

Harassment and/or discriminatory behavior within the classroom based on race, ethnicity, sex or physical disability is expressly prohibited. I shall actively discourage such behavior from occurring within the classroom and directly report such behavior to the sponsoring organization.

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**Acknowledgement and Acceptance of Instructor Terms:**

By signing below, I acknowledge the full right and authority to enter into this Instructor Agreement and accept and agree, within my ability, to the terms and conditions as outlined. This Instructor Agreement is effective for the date of the training course indicated below.

|                         |   |
|-------------------------|---|
| Printed Instructor Name | BOR Member Training Program Course Date |
| Instructor Signature    | Date                                    |