



NOTICE OF TRAINING SCHEDULING

Trg-2

PROVIDER NAME: Omaha Area Board of REALTORS®
TRAINING ACTIVITY TITLE: Assessor Says What? Counsel Your Clients on Their Tax Assessment
LOCATION OF TRAINING: OABR Office 11830 Nicholas Street Omaha NE 68154
DATE OF TRAINING: March 28, 2019 TIME OF TRAINING: 10:00 a.m.
LENGTH OF TRAINING: 1 hour

THE AMERICANS WITH DISABILITIES ACT (ADA) Any private entity that offers training or examinations related to licensing for professional or trade purposes must offer such courses or examinations in a place and manner accessible to all persons, or offer alternative but equal arrangements. This may include the provision of auxiliary aids and services for persons with disabilities. For more information please contact your Equal Employment Opportunity Commission.

Provider Certification

I hereby certify that this program will be taught as it was submitted to and recognized by the Nebraska Real Estate Commission and conducted in compliance with the Nebraska Real Estate License Act and the Americans with Disabilities Act (ADA).

SIGNATURE OF CONTACT PERSON: Donna M. Shipley DATE: 2-28-19

PRINT NAME OF CONTACT PERSON: Donna M. Shipley

NAME OF TRAINING FIRM: Omaha Area Board of REALTORS®

PHONE NUMBER: 402-619-5551 E-MAIL: Donna@OmahaREALTORS.com

Additional Broker Certification

I hereby certify that I have reviewed the content of this training program and have deemed it to be appropriate training for those real estate licensees affiliated with my broker license and for whom I am professionally responsible. By signing this document I recognize that satisfactory completion of this program may serve to meet the training requirements of the Nebraska Real Estate Commission as stated in NEB. REV. STAT. §81-885.51.

SIGNATURE OF DESIGNATED BROKER: _____ DATE: _____

PRINT NAME OF DESIGNATED BROKER: _____

NAME OF REAL ESTATE FIRM: _____

PHONE NUMBER: _____ E-MAIL: _____