

**Vermont Office of Professional Regulation
REA Supervisor Report**

This report is due in the Office by the 15th of every month or beginning of quarter, reporting on the licensee's performance for the previous month or quarter. Please include detail sufficient for review and evaluation of the areas of concern delineated in the Order. Specifically note adherence to standards of practice for the profession.

Licensee Name:	Case Number:
Supervisor Name/Credential:	
Supervisor Telephone:	Supervisor E-mail:
Organization Name:	Address:

Dates and medium (in-person, videoconference, etc.) of weekly supervision provided:
USPAP standards reviewed/discussed:
Profession-specific issues/concerns discussed:

This report reflects performance during: Month: _____ Quarter: _____ Year: _____

Number of completed appraisal reports audited during reporting period: _____
Describe duties and responsibilities:
In the past month or quarter, did the licensee consistently complete these activities according to standards of practice for the profession? Yes No (explain below)
Comments and explanations for all concerns (may attach separate page):

Vermont Office of Professional Regulation Supervisor Report

Page 2

Did any of the following occur in the past month or quarter?

Licensee USPAP violations	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Were any appraisals returned by the client for correction, missing information, or any other reason?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Licensee errors in practice, judgment, or decision-making	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Client/owner complaints about the licensee	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Licensee performance counseling	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Licensee performance evaluation	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Comment on all YES answers. Identify any USPAP provisions violated and provide a copy of appraisal report(s).

Please describe any improvements in the licensee's practice during the reporting period:

Additional comments, questions, or problems:

Signature of Supervisor:

Date:

Thank you for your commitment to this licensee and to the protection of the public. The licensee's Order specifies whether these reports are due monthly or quarterly. The report is due on the 15th of the month following the month/quarter being reported.

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Attention: Carla Preston