

REAL ESTATE PRE-LICENSING ACTIVITY APPLICATION

Document NE-2 and Attachments must be submitted at least thirty (30) days before instruction.

SCHOOL NAME _____ DATE _____

COURSE: _____ HOURS _____

DELIVERY METHOD: _____ Internet _____ Classroom _____ Correspondence _____ Webinar

ARELLO certificate attached if Internet delivery

ATTACHED:

- Resume of Course Designer
• All reference material including texts and participant guides
• Admission and refund policy as well as fees per student.
• Procedure for maintaining all student records for a minimum of four years.
• Statement explaining how you intend to monitor 100% participation as well as how you will verify learner identity.
• Procedure and policy for exams and make-up exams.
• Complete course schedule including beginning and ending dates of the course, day or days per week of class sessions, and length of class sessions.
• A list of instructors approved by the Commission that are to be used..
• Method of delivery (classroom, correspondence, Internet, Webinar)
• ARELLO certificate, if Internet course
• Pre-licensing completion certificate:
• A copy of all proposed advertising.
• A complete syllabus or Learner Manual provided to students in written form.
• Formative and Summative Assessments

THE AMERICANS WITH DISABILITIES ACT (ADA). Any private entity that offers courses 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.

I hereby certify that all information supplied herein and on all attachments is true and accurate and that this program will be conducted in compliance with the Americans with Disabilities Act (ADA). I attest that the sponsor of this activity has not had a real estate education certification revoked by any regulating entity of any state or jurisdiction.

SIGNATURE OF CONTACT PERSON: _____ Date: _____

Approved _____ Not Approved _____ Reason _____

Date _____ By: _____