

APPLICATION PROCEDURES FOR APPROVAL OF BROKER-APPROVED TRAINING ACTIVITIES



 Phone: (813) 487-2000
 Fax: (813) 487-4400
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Training Activity Application Trg-1

PROVIDER NAME: _____ DATE: _____
 ADDRESS: _____ PHONE: _____
 CITY, STATE, ZIP: _____
 WEBSITE: _____ E-MAIL: _____
 CONTACT PERSON: _____ PHONE: _____
 TITLE OF CONTACT PERSON: _____
 SPONSOR OWNERS/DIRECTORS:

| | |
|-------------|----------------|
| Name: _____ | Address: _____ |
| City: _____ | State: _____ |
| Name: _____ | Address: _____ |
| City: _____ | State: _____ |
| Name: _____ | Address: _____ |
| City: _____ | State: _____ |

TITLE OF TRAINING ACTIVITY: _____
 FORMAT OF PROGRAM DELIVERY: _____ LIVE CLASSROOM _____ DISTANCE DELIVERY
 If distance delivery, what medium is used: _____
 LENGTH OF TRAINING ACTIVITY: (maximum of 1 hour; maximum of 90 include face)
 MAIN GOAL OR OBJECTIVE OF TRAINING ACTIVITY: _____

 ATTENDANCE MONITORING POLICY: Provide a detailed explanation how you intend to verify student identity and monitor 100% attendance.

 METHOD OF RECORD MAINTENANCE: Provide a statement explaining your procedure for maintaining all training records for a minimum of four years.

STEP ONE: Submit signed and dated TRG-1 form to the Commission more than thirty days ahead of the date you wish to train.

BY PROVIDER
 Broker-Approved Training Completion Certificate

Licensee's Name: _____ Number: _____
 License Type: (Salesperson or Broker) _____ Licensee's Employer: _____
 HAS SUBJECT COMPLETED: _____
 Training Activity Title: _____
 Held In: _____ City/State _____ Date of Training Activity: _____

 _____ hours of credit toward _____
 _____ requirement recognized by _____
 _____ of the Florida Real Estate Commission.

I hereby certify that the above named licensee attended and completed 100% of the training activity.

Provider Signature: _____ Date: _____

STEP TWO: Submit Sample Completion Certificate with your TRG-1 form.



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NOTICE OF TRAINING SCHEDULING Trg-2

PROVIDER NAME: _____
 TRAINING ACTIVITY TITLE: _____
 LOCATION OF TRAINING: _____
 DATE OF TRAINING: _____ TIME OF TRAINING: _____
 LENGTH OF TRAINING: _____

THE AMERICANS WITH DISABILITIES ACT (ADA) has physical accessibility and offers training or accommodations related to training for professionals in order to ensure that all participants are able to attend. It is the policy of the Florida Real Estate Commission to provide equal access to all participants, or other 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.

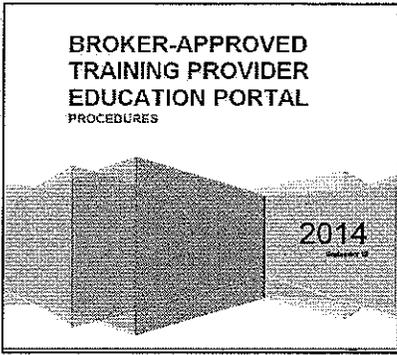
Provider Certification
 I hereby certify that the program will be taught as it was submitted to and recognized by the Florida Real Estate Commission and complies in accordance with the Florida Real Estate Code Act and the Americans with Disabilities Act (ADA).

SIGNATURE OF PROVIDER: _____ DATE: _____
 PRINT NAME OF PROVIDER: _____
 PHONE NUMBER: _____
 PHONE NUMBER: _____

Broker Certification
 I hereby certify that I have reviewed the contents of this training program and have deemed it to be appropriate training for those real estate licensees who are to attend and I am professionally responsible. By signing this document I recognize that satisfactory completion of the program may serve to meet the training requirements of the Florida Real Estate Commission as stated in F.S. 475.01, § 475.01.

SIGNATURE OF DESIGNATED BROKER: _____ DATE: _____
 PRINT NAME OF DESIGNATED BROKER: _____
 NAME OF REAL ESTATE FIRM: _____
 PHONE NUMBER: _____

STEP THREE: Submit signed and dated TRG-2 form (Broker Permission and training date) to the Commission before the day of training.



STEP FOUR: Course list is submitted to the On-line Portal within ten days after the activity.

Formed May, 2010

**SCHEDULE OF
ANNUAL TRAINING REPORT
TO BE SENT TO THE
COMMISSION OFFICE
BY JANUARY 31**

The following is a chronological list of completed broker-approved training activities that were offered by providers from 1/1/13 to 12/31/13.

January 24, 13 - Customer Communication 13 hour; 13/13/13
 Community College, Instructor: 13 attendees; Instructor - Ann
 Boudier, reporting provider: Patricia Tye, 000013, 000

May 6, 13 - Effective Plan Management 13 hour; 13/13/13
 Lincoln, 3 attendees; Instructor - Lee P. Hill, reporting
 provider: Tom D'Armitt, 000013, 000

November 13, 13 - Home Inspection Management 13 hour; 13/13/13
 Ocala, 17 attendees; Instructor - Lee P. Hill, reporting
 provider: Tom D'Armitt, 000013, 000

I certify that the above listing is true and correct.

 Provider Signature
 Multistate

THIS IS ONLY AN EXAMPLE, NOT THE APPROVED FORM
 TO USE TO FILE ANNUAL TRAINING REPORTS.

STEP FIVE: By January 31st of each year all approved providers will submit a chronological list of all training offered in the previous year.

For thorough descriptions of each of these steps and forms, please review the additional links on the previous page.