



Department of Commerce

Division of Real Estate & Professional Licensing

Real Estate Broker 10hr Post Licensure Education Application

Application:

Must be submitted **90 days or more** prior to initial course offering date.

Information To Be Attached To This Application

- Timed & Detailed Outline/Syllabus of Course (*Note: Time is based on a 60-minute hour of instruction and does not include time of non-instruction*)
- Sample of Attendance Certificate
- Sample of Proposed Advertisement (if any)
- Course Materials or Presentation (if available, this may be submitted on a CD or USB flash drive)
- Real Estate Instructor Certification Form completed by each instructor

Course Provider Information

Provider File Number	Course Provider Business Name		
Mailing Address			
City		State	ZIP Code
Name of Administrator to Act for Course Provider			
Email Address	Phone Number	Fax Number	
Brief Description of Provider's Educational Standards			

Course Information

Type of Training <input type="checkbox"/> Classroom <input type="checkbox"/> Distance (Online)		Attendance/Participation Fee	
Initial Date	End Date	Start Time <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time <input type="checkbox"/> AM <input type="checkbox"/> PM

Complete the information below if the course is being conducted in a classroom setting:

Course Location Name (if applicable)		
Course Location Address		
City	State	ZIP Code

77 South High Street
20th Floor
Columbus, Ohio 43215
REPL-19-0029

Anne M. Petit, Superintendent
An Equal Opportunity Employer and Service Provider

614-466-4100
Fax 614 -644-0584
TTY/TDD 800-750-0750
com.ohio.gov/real
Updated 7/1/19

Student Course Materials RequiredTextbook (if any)
Title

Author

Materials (if any)

Instructor Information (all instructors must complete the Real Estate Instructor Certification Form)

First Name

Middle Initial

Last Name

Attendance And Record Keeping Policies

Attendance Verification Method

 Sign-in/out sheet Monitor Registration Other:

Name of Individual Verifying Attendance

Are records located at the course provider address listed on page 1?

 YES NO (if no, indicate location address):

Name of Record Keeper

Affirmation**The applicant hereby acknowledges that the following requirements will be complied with:**

- **The course title, instructor(s), date(s) and location(s) stated on this application and its attachments will be the only ones approved.**
- **Each participant who meets the 90 percent attendance requirement will be issued a proof of completion attendance certificate after successful course completion, which includes the correct certification number for that course.**
- **Each provider is required to maintain complete and accurate records of the course and attendees for THREE years, including the following:**
 - **Name of course, instructor(s), description of the course, approved clock hours and the date and location(s) the course was offered.**
 - **Certification number assigned by the Superintendent of the Division of Real Estate.**
 - **Name, address and signature of person who will verify the attendance of each person enrolled.**
 - **Name, address and clock hours when each licensee was in attendance.**
 - **Verification that each licensee receiving credit for the course was physically present 90 percent of the class time.**

In signing this application, applicant hereby consents to the inspection or monitoring of this course(s) by authorized representatives of the Ohio Division of Real Estate and agrees to adhere to all rules and regulations that are described in the Ohio Administrative Code. For a full set of rules and regulations regarding continuing education approval, please visit <http://codes.ohio.gov/oac/1301:5-7-09v1>.

I certify under penalty of law that all statements contained herein are true and that nothing has been withheld which would influence a complete evaluation of this offering. I understand that any false statement on this form or in any attached materials may subject me to criminal prosecution and the loss of course approval, if granted.

Administrator Signature_____
Date