



Department of Commerce

Division of Real Estate & Professional Licensing
77 South High Street, 20th Floor
Columbus, Ohio 43215-6133

Please visit our website at www.com.ohio.gov/real

614 | 466-4100

Fax: 614 | 644-0584

TTY/TDD: 800 | 750-0750

John R. Kasich, Governor

Jacqueline T. Williams, Director

Anne M. Petit, Superintendent

INDIVIDUAL APPLICATION FOR APPROVAL OF C. E. ELECTIVE COURSES

FEE: \$100.00 per course

Use this form to submit a course, not previously approved by the Division, for Ohio real estate continuing education credit.

- **Complete a separate form** for each out-of-state course you attend.
- **A non-refundable processing fee of \$100.00 for each out-of-state course submitted must be included with this filing.** This check or money order should be made payable to: Division of Real Estate & Professional Licensing.
- The section of this form titled, "THIS SECTION MUST BE COMPLETED BY THE OUT-OF-STATE COURSE PROVIDER" **must be completed and signed by a representative of the entity which offered the course.** A copy of the course completion certificate issued by the course sponsor and a syllabus of the course must be included with this submission.

The following courses **DO NOT QUALIFY** for continuing education credit:

- Pre-licensing and post-licensing courses;
- The four required courses in Civil Rights, Core Law, Canons of Ethics and Broker Responsibilities;
- Internet (online) courses
- College courses
- Any course not within the current reporting period
- Any course completed as part of a disciplinary action ordered by any licensing entity.

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	PLEASE INDICATE LICENSE TYPE(S) HELD AND FILE NUMBER(S)
HOME ADDRESS			HOME PHONE	BROKER FILE # _____
CITY		STATE	ZIP CODE	
BROKER NAME		BROKER PHONE	BROKER FAX	SALESPERSON FILE # _____

THIS SECTION MUST BE COMPLETED BY THE OUT-OF-STATE COURSE PROVIDER				
COURSE TITLE		DATE(S) OF COURSE		HOURS
COURSE PROVIDER			PROVIDER PHONE	PROVIDER FAX
PROVIDER ADDRESS		CITY	STATE	ZIP CODE
I certify that the person named herein did in fact attend the courses listed for at least 90 percent of the time indicated.				
SIGNATURE OF SCHOOL ADMINISTRATOR				DATE

THE LICENSEE MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form or any of the attached materials may subject me to criminal prosecution and the loss of my Ohio real estate license. I attest that I did in fact attend the courses listed for at least 90 percent of the time indicated.

SIGNATURE OF LICENSEE

DATE

To avoid suspension of your license, submit 60 days prior to your renewal due date.