



REQUEST FOR OUT-OF-STATE CE APPROVAL

SECONDARY DOCUMENT
Revised 2020

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
217-785-9643

EDU-8000

APPLICANT IDENTIFYING INFORMATION

Name (Last, First, MI)		Illinois License Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address			
City	State	Zip Code	County
Daytime Phone	Cell	Home Phone	

You must indicate for which cycle you are seeking credit. You may only seek credit for one cycle on this form.

October 1, 2017 thru September 30, 2019 October 1, 2019 thru September 30, 2021

The CE offering may **NOT** have been taken in Illinois. The course must have been no less than two (2) hours in length. You must complete this form if you are seeking CE credit in Illinois if the course provider and course was **not** already licensed in Illinois. The course must have been completed during the current Illinois two-year renewal cycle that extends between **October 1** of an odd year and ends **September 30** of an odd year. Submission of this application is NO guarantee that ANY requested CE hours will be approved. This form **MUST** be received and **APPROVED BEFORE** September 30, 2021.

CONTINUING EDUCATION (CE) COURSE INFORMATION

Complete Name of Course or Seminar	CE Hours
Name of Provider	
Name of Instructor(s)	
Location Where the Course was Completed	Date(s) of the Offering

YOU MUST INCLUDE THE FOLLOWING:

1. A non-refundable processing fee of \$50 for **each** course (*Check or Money Order made payable to IDFP*)
2. A copy of the Course Outline and/or Syllabus.
3. A copy of your course completion certificate or bonafide transcript.

I certify that I personally completed this form, that the information is true and correct and that I am responsible for signing this application for the purpose of requesting continuing education credit under the Real Estate Appraiser Licensing Act of 2002 (225 ILCS 458) and the Administrative Rules (68 Ill. Adm. Code Part 1455).

Signature of Person Responsible

Date

Submit to the address at the top of this form