



Real Estate Continuing Education Course Application (564)

Illinois Department of Financial and Professional Regulation - Division of Real Estate
 320 West Washington Street, 3rd Floor
 Springfield, Illinois 62786
 Real Estate Licensing - Phone: (800) 560-6420 Fax: (217) 782-3390

1. Complete the following information and certification below. **Incomplete applications will not be processed.**

School Name:			School License No.:	
Course Name:			Hours Requested:	
<i>Check One:</i>	<input type="checkbox"/> Core A Curriculum	<input type="checkbox"/> Core B Curriculum	<input type="checkbox"/> Broker Management Course	<input type="checkbox"/> Elective Curriculum
<i>Check One:</i>	<input type="checkbox"/> Classroom or other interactive delivery method		<input type="checkbox"/> Distance education	
<i>Complete if applicable:</i>	<i>If "other interactive delivery method," please describe (i.e. webinar, etc.):</i>	<i>If "distance education," please check one of the following delivery methods and complete description below:</i> <input type="checkbox"/> print media (i.e. written materials, CD, DVD, video tape, or audio recording) <input type="checkbox"/> internet delivery <i>Description:</i>		

2. Mail **all** of the following to the above address in a letter size (8½ x 11) manila file folder with the course name and school name typed on the folder:

- a. The original signed application;
- b. Non-refundable \$125 application fee in the form of a check or money order payable to the Illinois Department of Financial and Professional Regulation; and
- c. The following materials:
 - Course Description
 - Timed Comprehensive Outline (must contain length of time for each topic and total course time excluding time spent on exam)
 - Learning Objectives
 - Exam (25 questions for every 3 hours)
 - Exam Answer Key
 - Exam Proctor Policy
 - Written Proctor Agreement
 - Copies of Student Material

3. To be considered at the next Education Advisory Council (EAC) meeting completed applications must be received by IDFPR a minimum of **3 weeks** prior to the meeting.

Certification

As an authorized representative of the licensed CE school, I understand that if I provide false or fraudulent information the CE school could be disciplined and/or fined. I read this application in its entirety and to the best of my knowledge all statements are true, correct, and accurate. My signature authorizes the Illinois Department of Financial and Professional Regulation to conduct a criminal background investigation.

Authorized Representative Printed Name:

Authorized Representative Signature:

Date: