

## **REAL ESTATE CONTINUING EDUCATION COURSE APPROVAL APPLICATION**

**PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- The non-refundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using the enclosed credit card authorization form. Do not send cash.
- A non-refundable fee of **\$25** must be submitted for each additional location.
- Annual registration period runs from January 1st through December 31st.
- **Attach to application: a detailed course outline with time sequence and other items listed on the back of this application.**

**1. WHAT IS THE TITLE AND LENGTH OF THIS COURSE?**

Title \_\_\_\_\_ Hours \_\_\_\_\_

**2. WHAT TYPE OF COURSE DO YOU WANT TO OFFER? (There is a minimum of 3 hours of instruction and a maximum of 22.5 hours of instruction.)**

- Classroom Instruction     Computer Based     Satellite     Video     Other  
 Check box if you are submitting this course for approval to satisfy the 3 hour fair housing/discrimination requirement

**3. EDUCATIONAL ORGANIZATION DATA**

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

**DOES THIS INDIVIDUAL HOLD A NEW YORK STATE REAL ESTATE LICENSE?**     YES     NO

HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

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**4. PRIMARY COURSE LOCATION**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

**5. SECONDARY LOCATIONS (Each location requires an additional fee of \$25)**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

**OUT OF STATE LOCATIONS:** All out-of-state locations must be provided on a separate sheet. No fee is required for these locations.

**A fee of \$20 will be charged for any check returned by a bank for insufficient funds.**

