



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
(518) 486-3803
www.dos.ny.gov

Real Estate Continuing Education Course Approval Renewal Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » 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 a 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.
- » All instructors must be approved.
- » No classes may begin until final approval is granted.

PLEASE INDICATE THE COURSE TITLE, CODE NUMBER AND HOURS.

TITLE: _____
CE _____ M _____ COURSE HOURS: _____

Check box if you are renewing this course to satisfy the 3 hour fair housing/discrimination requirement.

SCHOOL NAME _____

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

E-MAIL ADDRESS (IF ANY) _____

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to the study material or procedures for taking attendance? **Yes*** **No** **If Yes*, attach explanation of change.**

2. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be real estate licensees.)

PRINT NAME _____

SIGNATURE OF COORDINATOR _____

SIGNATURE _____

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PHONE NUMBER _____

PRINT NAME _____

EMAIL ADDRESS (if any) _____

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY EFFECTIVE DATE: ___/___/___ EXPIRATION DATE: ___/___/___ ENTERED: ___/___/___ BY: _____ LABEL []

FEE RECEIVED: _____ TO REVENUE: ___/___/___ APPROVAL MAILED: ___/___/___ RECEIPT #: _____

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