



**Department of Commerce**

Division of Real Estate & Professional Licensing

John R. Kasich, Governor 77 South High Street, 20th Floor  
David Goodman, Director Columbus, Ohio 43215-6133 U.S.A.

Please visit our website at [www.com.ohio.gov/real](http://www.com.ohio.gov/real)

614 | 466-4100  
Fax 614 | 644-0584  
TTY/TDD: 800 | 750-0750

**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 three required courses in Civil Rights, Core Law, and Canons of Ethics;
- 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 ( )	<b>BROKER</b>
CITY		STATE	ZIP CODE + 4	FILE # _____
BROKER NAME		BROKER PHONE ( )	BROKER FAX ( )	<b>SALESPERSON</b>
				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 + 4

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.