

**FEE**

**NON-REFUNDABLE**

Live Delivery: \$50  
Distance Learning: \$25/hour  
Make Check Payable to:  
Maine State Treasurer

**CONTINUING EDUCATION  
PROGRAM APPROVAL APPLICATION**

OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
**MAINE REAL ESTATE COMMISSION**

MAILING ADDRESS:  
35 STATE HOUSE STATION, AUGUSTA, ME 04333-0035  
EMAIL JAZMYNE.MARKS@MAINE.GOV  
PHONE 207 624-8524  
TTY USERS CALL MAINE RELAY 711

FOR OFFICE USE ONLY -1470

CHECK NO \_\_\_\_\_  
AMT \_\_\_\_\_  
CASH NO \_\_\_\_\_  
APPRVL DATE \_\_\_\_\_  
EXPIRE DATE \_\_\_\_\_  
CLOCK HOURS \_\_\_\_\_  
PROGRAM # \_\_\_\_\_

**COURSE PROVIDER** \_\_\_\_\_  
(School, organization or individual applying for program approval)

**CONTACT PERSON** \_\_\_\_\_  
(Person to whom MREC should direct any communication regarding program approval)

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**PROGRAM TITLE** \_\_\_\_\_

**INSTRUCTOR(S)** \_\_\_\_\_

**APPLICATION TYPE** (Check One)

- ORIGINAL APPLICATION
- RENEWAL APPLICATION (Complete Box On Right)

**FORMAT** (Check One)

- LIVE DELIVERY (Check all that apply)
  - Classroom Setting
  - Livestream
- DISTANCE (Check One)
  - Text-based Correspondence
  - Internet

HOURS REQUESTED \_\_\_\_\_ (min. 1 hr.)

**RENEWAL APPLICATIONS ONLY**

PROGRAM NUMBER \_\_\_\_\_  
PROGRAM EXPIRATION \_\_\_\_\_  
DESCRIBE ANY CHANGES TO ORIGINAL APPLICATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" – If you wish to pay by MasterCard or Visa, fill out the following:

NAME OF CARDHOLDER (please print): \_\_\_\_\_

MAILING ADDRESS OF CARDHOLDER (please print): \_\_\_\_\_

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my:  VISA  MASTERCARD the following amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I understand that fees are non-refundable.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PROGRAM SCHEDULE:** List the dates and locations program will be offered. Notify the Commission of any changes.

DATE	LOCATION	REGISTRATION OPEN TO:
		<input type="checkbox"/> All Licensees   <input type="checkbox"/> In-House Only
		<input type="checkbox"/> All Licensees   <input type="checkbox"/> In-House Only
		<input type="checkbox"/> All Licensees   <input type="checkbox"/> In-House Only
		<input type="checkbox"/> All Licensees   <input type="checkbox"/> In-House Only

**NEEDS ASSESSMENT - Explain how the need for this program was established.**

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**LEARNING OBJECTIVES & COURSE OUTLINE**

**Attach to this application the following:**

- A sheet listing the learning objectives. The learning objectives are the specific skills and knowledge participants are expected to gain as a result of completing this program. (Example: Describe the listing process; Recognize required disclosures; Understand the duties owed to a buyer customer, etc.)
- A detailed program outline that defines the learning objectives. The outline should include the approximate amount of time to be spent on each topic.
- Instructor Manual (not applicable for distance education)

**METHOD OF INSTRUCTION – Indicate the method(s) to be used, i.e., lecture, video, team teaching, panel discussion, etc.**

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**MATERIALS TO BE USED – List/describe the materials to be used, i.e., handouts, visual aids, etc. Include the name and author of any texts or other published material to be used.**

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**PROMOTION – How will the program be promoted? Attach copy or sample of promotional material.**

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**INSTRUCTOR – Attach a brief resume of instructor’s qualifications in relation to the course topic.**

**CERTIFIED STATEMENT AND SIGNATURE OF PROGRAM SPONSOR OR AUTHORIZED SCHOOL OFFICIAL**

By my signature, I hereby agree to abide by the requirements and conditions set forth by Rule Chapter 370 of the State of Maine Real Estate Commission Rules and Regulations pertaining to continuing education programs and certify that the information contained in this application is accurate and true to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE OF PROGRAM SPONSOR OR AUTHORIZED SCHOOL OFFICIAL

\_\_\_\_\_  
DATE

**THE FOLLOWING ATTACHMENTS MUST BE INCLUDED WITH THIS APPLICATION**

- Learning Objectives
- Timed Program Outline
- Instructor Resume
- Instructor Manual (*not applicable for distance education*)
- Copy of Promotional Material in compliance with Chapter 370(6)
- Copy of Examination with answer key, and minimum grade of 85% (*Asynchronous only*)
- Summary of Student Evaluations for each class held with student comments attached (*Renewals only*)