

# FEE

## NON-REFUNDABLE

Make Check Payable to:  
Maine State Treasurer

# INDIVIDUAL REQUEST FOR CONTINUING EDUCATION CREDIT

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 MREC OFFICE USE ONLY

CHECK NO \_\_\_\_\_

AMT \_\_\_\_\_

CASH NO \_\_\_\_\_

APPRVL DATE \_\_\_\_\_

### INSTRUCTIONS:

- ☒ Complete all sections of this application.
- ☒ Type or print clearly in ink.
- ☒ Attach course outline or other material published by the course provider that describes the course content in detail.
- ☒ Attach your transcript or certificate of completion that includes the name of the provider, course name, your name, length of course in hours and the month, day and year the course was completed. You must have completed the course in its entirety to be eligible to receive credit. Use the certificate on the back of this form if no other verification of completion is available.
- ☒ If distance learning course (see categories below), a final exam is required, and your certificate must include the numeric grade you earned on the exam (minimum 85% required).
- ☒ Enclose check for \$20 payable to Maine State Treasurer and mail to address above.

YOUR NAME \_\_\_\_\_

YOUR LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

COURSE TITLE \_\_\_\_\_

COURSE PROVIDER \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

### FORMAT (Check One)

☐ LIVE DELIVERY (Check all that apply)

☐ Classroom Setting

☐ Livestream

☐ DISTANCE (Check One)

☐ Text-based Correspondence

☐ Internet

TOTAL NUMBER OF CREDIT HOURS REQUESTED (excluding lunch & breaks) \_\_\_\_\_

By my signature, I hereby certify that the information contained in this application and all supporting documentation is true and accurate to the best of my knowledge and belief and that this application is made for the purpose of obtaining approved credit hours toward the education requirement for renewal or activation of my real estate license. I understand that misrepresentation or falsification of the information contained herein may result in suspension or revocation of my license.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

USE THIS CERTIFICATE IF NO OTHER FORM OF VERIFICATION OF COMPLETION IS AVAILABLE

This certificate must be completed in full, signed and dated by the course instructor or other authorized official of the course provider.

PLEASE PRINT CLEARLY IN INK

**CONTINUING EDUCATION CERTIFICATE OF COMPLETION**

Name of participant \_\_\_\_\_

Name of course provider \_\_\_\_\_

Title of course \_\_\_\_\_

Location \_\_\_\_\_

**FORMAT** *(Check One)*

☐ **LIVE DELIVERY** *(Check all that apply)*

☐ **Classroom Setting**

☐ **Livestream**

☐ **DISTANCE** *(Check One)*

☐ **Text-based Correspondence**

☐ **Internet**

**Total Number of Classroom Hours\*** \_\_\_\_\_

\* If Distance Learning, indicate the average number of hours required to complete rounding down to the nearest whole number.

**Final Exam Grade if Distance Learning Course** \_\_\_\_\_

**Date Course was Completed** \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify on behalf of the sponsoring school/organization that the abovenamed individual completed this course in its entirety.

\_\_\_\_\_  
Signature of Instructor /Authorized School Official

\_\_\_\_\_  
Date