

**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

INSTRUCTIONS:

- 1) Complete all sections of this application.
- 2) Type or print clearly in ink.
- 3) Attach course outline or other material published by the course provider that describes the course content in detail.
- 4) Attach your certificate that includes the name of the provider, course name, your name, length of course in hours, and the date the course was completed (month, day, and year). *You must have this completed in its entirety to be eligible to receive credit. You may use the certificate on the back of this form if no other verification of completion is available.*
- 5) If distance education course, a final grade is required, and your certificate must include the numeric grade you earned on the exam (minimum 85% required).
- 6) Enclose check \$20.00 payable to Maine State Treasurer and mail to the address above.

YOUR NAME: _____

YOUR LICENSE NUMBER: _____ **EXPIRATION DATE:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____
(including area code)

PROGRAM TITLE: _____

COURSE PROVIDER: _____

INSTRUCTOR(S): _____

FORMAT (Check one)

- LIVE DELIVERY** (Check one)
- Classroom Setting
 - Synchronous Distance
- DISTANCE** (Check one) – see number 5 in instructions for distance education requirements
- Text-based Correspondence
 - Asynchronous Distance

HOURS REQUESTED _____ (1 hour minimum)

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 _____
(please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my credit card the following amount: \$ _____ (\$20.00 per program application)

CARD NUMBER: _____ **EXPIRATION:** _____

I understand that fees are non-refundable.

SIGNATURE _____ **DATE** _____

INTERNAL USE ONLY – 1470

CHECK NO _____

AMT _____

CASH # _____

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**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

PARTICIPANT NAME: _____

LICENSE NUMBER: _____

PROGRAM TITLE: _____

COURSE PROVIDER: _____

INSTRUCTOR(S): _____

FORMAT *(Check one)*

- LIVE DELIVERY** *(Check one)*
 - Classroom Setting
 - Synchronous Distance
- DISTANCE** *(Check one)*
 - Text-based correspondence
 - Asynchronous Distance

HOURS REQUESTED _____ *(1 hour minimum)*

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

FINAL EXAM GRADE *(if asynchronous course)* _____ **DATE OF COMPLETION** _____ / _____ / _____

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

Signature of Instructor/Authorized School Official _____ **Date** _____