

FEE

NON-REFUNDABLE

Live Delivery: \$50
Distance Learning: \$25 Per Hour
Late Filing Fee \$100 (assessed if application filed after course is offered)
Make Check Payable to:
Maine State Treasurer

CONTINUING EDUCATION PROGRAM APPROVAL APPLICATION

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
MAILING ADDRESS:

MAINE REAL ESTATE COMMISSION

35 STATE HOUSE STATION, AUGUSTA, ME 04333-0035

PH 207 624-8518

TTY USERS CALL MAINE RELAY 711

FAX 207 624-8637

WWW.MAINE.GOV/PROFESSIONALLICENSING

FOR OFFICE USE ONLY -1470

CHECK NO _____
AMT _____
CASH NO _____
APPRVL DATE _____
EXPIRE DATE _____
CLOCK HOURS _____
PROGRAM # _____

PROGRAM SPONSOR _____

(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 _____ Phone () _____ - _____ FAX () _____ - _____

Email _____

PROGRAM TITLE _____

INSTRUCTOR(S) _____

APPLICATION TYPE (Check One)

- ORIGINAL APPLICATION
- RENEWAL APPLICATION (complete box on right)

FORMAT (Check One)

- LIVE/CLASSROOM SETTING
- DISTANCE LEARNING

DELIVERY METHOD (Check One)

- Text-based Correspondence
- TV (includes satellite & ITV)
- Computer (CD)
- Internet

HOURS REQUESTED _____ (min. 2 hrs.)

REGISTRATION OPEN TO: All Licensees In-House Only

RENEWAL APPLICATIONS ONLY

PROGRAM NUMBER _____

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

DATE	FACILITY	CITY	STATE

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

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.

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

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.

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

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
- Copy of Promotional Material in compliance with Chapter 370(5)
- Summary of Student Evaluations for each class held with student comments attached (*Renewals Only*)