



**EDUCATION INDIVIDUAL REQUEST FORM | RE-800**

**INSTRUCTIONS**

Complete this form to request continuing education credit for a non-approved real estate related course. Courses completed prior to the issue date of your current license will not be considered for credit. Data may be entered before printing this form.

Please ensure prompt submission of all requests. If the request is denied, you will be required to complete another course prior to your license renewal date.

Licensees are limited to one appraisal-type course per two-year renewal period, for a maximum of three credit hours.

All distance, home study and online courses submitted for approval must require a closed-book, proctored final exam and a passing score of 70% or better, or an open-book, unproctored final exam and a passing score of 90% or better.

**REQUIRED DOCUMENTATION**

Include the following information with your request:

1. Course outline, brochure and any other documents which thoroughly describe the course content.
2. Background information on course instructors (resume, bio, etc.)
3. Evidence of course completion (if already completed) signed by the course sponsor/instructor, certifying you completed the course.

**PROCESSING**

To check CEU hours, click on "Continuing Education" at [www.krec.ks.gov](http://www.krec.ks.gov).

If you wish to receive confirmation of credit received, please include a self-addressed, stamped envelope with this form.

**FEES**

Enclose attached credit card form or \$10.00 check payable to KREC.

**LICENSEE INFORMATION:**

LICENSEE NAME	LICENSE NUMBER
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**COURSE AND PROVIDER INFORMATION:**

COURSE TITLE			
COURSE DATE	COURSE LOCATION	PROVIDER EMAIL	
HOURS OF INSTRUCTION (EXCLUDING MEALS AND BREAKS)		CONTACT PERSON OR INSTRUCTOR	
COURSE SPONSOR			
PROVIDER ADDRESS			
CITY	STATE	ZIP	PHONE

**LICENSEE SIGNATURE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Initials: _____	<b>COMMISSION USE ONLY</b>
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Fee: \$ _____ Deposit Date: _____ Notes:



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**CREDIT CARD PAYMENT INFORMATION**

Licensee Name:	Card Holder: (if different than licensee)	Email Address: (optional/for electronic receipt)
Card Number:	Expiration Date:	Zip Code:
Card Type:		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
		<input type="checkbox"/> Discover

Submit to the Kansas Real Estate Commission by:

Email: [krec@ks.gov](mailto:krec@ks.gov)

Fax: 785-296-1771

After processing your payment, this document will be shredded.

If you prefer to provide your credit card information by phone, call 785-296-3411.