



Kansas Real Estate Commission

Jayhawk Tower
700 SW Jackson St Ste 404
Topeka, KS 66603-3785

krec@ks.gov (785) 296-3411
Fax: (785) 296-1771 www.krec.ks.gov

APPLICATION FOR ALL COURSE APPROVAL | RE-810

INSTRUCTIONS

Complete this form to register one of the following education courses with KREC. A separate form must be completed for each new course registered. All documents must be sent digitally. **Do not send printed copies of the course application and documents in the mail.** This form is fillable online and must be typed. Please email this form and additional documents to krec@ks.gov.

Please select course type:

- In-person pre-license or in-person continuing education course
- Distance, home-study, or online licensing or continuing education course

REQUIRED DOCUMENTATION

Please include the following, pursuant to K.A.R. 86-1-10(f):

- Detailed Course Outline – include time required to instruct or present each subsection
- Course Objectives for each topic/module – what the student will be able to do upon completion of the course
- Textbook, Student Manual, or any other relevant content
- Sample of advertisement and/or enrollment form

For distance courses, please also include the following:

- A copy of all examinations with answer keys
- A copy of the school approval certificate issued by the Kansas Board of Regents or a letter explaining how the school meets the requirements of K.S.A. 58-3046a(h).

FEES

Enclose attached credit card form or \$75.00 check or money order payable to KREC. A \$1.88 convenience fee is required for credit card payment.

SCHOOL INFORMATION:

| | | | | |
|-------------|-------|-----|---------------------|--|
| SCHOOL NAME | | | PROGRAM COORDINATOR | |
| ADDRESS | | | EMAIL | |
| CITY | STATE | ZIP | COUNTY | |
| PHONE | FAX | | WEBSITE | |

COURSE INFORMATION:

| | | | |
|---|--|--|---|
| COURSE NAME | | | |
| INSTRUCTOR NAME(S): ATTACH AN INSTRUCTOR APPLICATION AND RESUME FOR EACH NEW INSTRUCTOR | | | |
| CREDIT HOURS REQUESTED: 3 HOUR MINIMUM REQUIRED | | TYPE OF CREDIT REQUESTED | |
| | | <input type="checkbox"/> PRE-LICENSE COURSE <input type="checkbox"/> CE ELECTIVE <input type="checkbox"/> CE MANDATORY | |
| ATTENDANCE FEE | NUMBER OF CLASS SESSIONS (IN-PERSON ONLY) | TIME SPENT PER SESSION (IN-PERSON ONLY) | TOTAL HOURS IN COURSE (IN-PERSON ONLY) |



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ADDITIONAL COURSE INFORMATION

Proposed dates, times and locations for this course (In-person only): _____

Method(s) of instruction to be used: _____

Attendance policy and/or procedure for maintenance of records: _____

THIS SCHOOL IS (select one):

- an institution which is accredited by the north central association of colleges and secondary schools accrediting agency
- a technical college as defined by K.S.A. 72-4412 and amendments thereto
- a private or out-of-state postsecondary educational institution which has been issued a certificate of approval pursuant to the Kansas private and out-of-state postsecondary educational institution act; required for pre-license course providers. (New schools - attach copy of certificate from Kansas Board of Regents)
- an agency of the state of Kansas
- a similar institution, approved by the commission, in another state
- an entity, approved by the Commission, to provide continuing education

COORDINATOR CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information I have provided is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

| | | | | |
|-----------------------------------|---------------------------------|---------------|---------------------|--------|
| Initials: _____ | COMMISSION USE ONLY | | | |
| <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

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.