



INSTRUCTOR APPROVAL FORM | RE-850

INSTRUCTIONS

Complete this form to request approval for an individual to provide instruction for specific licensure or continuing education courses. Instructor applicants should fill out the form and submit it to the school coordinator for signature prior to submitting the form to KREC. All fields must be completed.

INSTRUCTOR INFORMATION:

NAME FIRST MI LAST

RESIDENCE ADDRESS

CITY	STATE	ZIP	COUNTY
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BUSINESS ADDRESS

CITY	STATE	ZIP	COUNTY
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HOME PHONE	WORK PHONE	EMAIL
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APPLICANT WILL TEACH THE FOLLOWING COURSES:

PLEASE PROVIDE INFORMATION FOR THE FOLLOWING REQUIREMENTS:

1. **SUBJECT MATTER KNOWLEDGE** (must meet at least one requirement)
 - a. College degree in real estate, law, business or an area directly related to the course applicant intends to teach:
 Degree: _____ Date: _____
 College/University: _____
 - b. At least three years of experience in the professional area of real estate directly related to the course which the applicant intends to teach:
 Experience: _____
2. **ABILITY TO EFFECTIVELY TEACH** (must meet at least one requirement)
 - a. Completion, within the preceding two years, of a Commission-approved course of study for instructors designed to develop ability to communicate:
 Date Completed: _____ Provider: _____
 - b. Current teaching certificate issued by a state department of education or an equivalent agency in another jurisdiction:
 Teaching Certificate: _____
 State: _____
 - c. A four-year college or university degree in the field of education:
 Degree: _____ Date: _____
 College/University: _____
 - d. Successful demonstration of the ability to teach in schools, seminars or an equivalent setting:
 Experience: _____



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SCHOOL INFORMATION:	
SCHOOL NAME	
PROGRAM COORDINATOR	SCHOOL CODE (IF ASSIGNED)

EDUCATIONAL BACKGROUND:						
HIGH SCHOOL	LOCATION			DIPLOMA	YEAR RECEIVED	
COLLEGE/UNIVERSITY	MAJOR	HOURS	MINOR	HOURS	DEGREE	YEAR
OTHER EDUCATIONAL ACTIVITIES <small>POST-SECONDARY EDUCATION OR DESIGNATIONS</small>						

LICENSING INFORMATION:				
TYPE OF LICENSE	DATE OF LICENSE	LICENSE NUMBER	ACTIVE (YES OR NO)	EXPIRED (DATE)

INSTRUCTIONAL EXPERIENCE:		
EMPLOYER NAME, ADDRESS, PHONE	SUBJECTS TAUGHT	DATES OF EMPLOYMENT



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

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WORK EXPERIENCE: (LIST YOUR LAST THREE EMPLOYERS, BEGINNING WITH THE MOST RECENT)		
EMPLOYER NAME, ADDRESS, PHONE	POSITION	DATES OF EMPLOYMENT

RECOMMENDATIONS: (LIST THREE PEOPLE WHO CAN GIVE ADDITIONAL INFORMATION ABOUT YOUR INSTRUCTIONAL ABILITIES)			
NAME	ADDRESS	PHONE	RELATIONSHIP

COORDINATOR CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have examined the credentials of the above-named applicant and am satisfied that the information provided on this form and the Instructor Resume is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

INSTRUCTOR APPLICANT CERTIFICATION

I attest to having qualities of honesty, integrity, trustworthiness and competency. I have not had any real estate license or instructor certification revoked or suspended, or had a real estate license or instructor certification renewal denied by any regulating entity of any state or jurisdiction. I have not been convicted of, nor entered a plea of guilty or no contest to, any criminal offense involving moral turpitude. I have not had any civil judgment entered against me based on fraud, misrepresentation or deceit. 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

COMMISSION USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED DATE: _____ INITIALS: _____