



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.

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

Approved Denied Fee: \$ _____ Deposit Date: _____ Notes:



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TIME, MODULE, or TOPIC	DETAILED CONTENT OUTLINE – Include each module or topic. For in-person, group into segments no longer than 15 minutes and indicate length of break(s).	LEARNING OBJECTIVES – Please provide a minimum of three to five Learning Objectives for every three hours of your course. A Learning Objective defines: “WHAT WILL THE STUDENT BE ABLE TO DO UPON COMPLETION OF THIS COURSE?”
SAMPLE		
5 minutes	Five fiduciary responsibilities of an agent to his client	The student will be able to define either verbally or in writing the five fiduciary responsibilities an agent has to his client and give an example of how each of the five responsibilities could be applied in a real estate transaction.
10 minutes	a. confidentiality	
10 minutes	b. obedience	
5 minutes	c. loyalty	
5 minutes	d. accounting	
15 minutes	e. disclosure	
Please fill out or attach a typed copy		



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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.