

Wisconsin Department of Regulation & Licensing

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DIVISION OF BOARD SERVICES

REQUEST FOR APPROVAL OF REAL ESTATE CONTINUING EDUCATION COURSES FOR THE 2009-2010 BIENNIUM

PLEASE TYPE OR PRINT IN INK.

1. NAME OF SCHOOL	2. NAME OF EDUCATIONAL ADMINISTRATOR
3. ADDRESS (number, street, city, state, zip code)	
4. EMAIL ADDRESS	5. DAYTIME TELEPHONE NUMBER ()

6. Check the courses for which you are seeking approval and check whether each course will be presented as classroom education or distance learning.

		Classroom Education	Distance Learning
<input type="checkbox"/> Course 1	Listing Contracts	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Course 2	Offer to Purchase	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Course 3	New Developments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Course 4	Buyer Agency Agreements	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective A	Risk Reduction	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective B	1031 Exchanges and Exchange Opportunities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective C	Condominiums	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective D	Landlord/Tenant and Property Management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective E	Financing the Sale	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elective F	Broker Supervision	<input type="checkbox"/>	<input type="checkbox"/>

RE DESIGNATION ORGANIZATIONS ONLY (CCIM, IREM, SIOR or other comparable organization):

Designation coursework in lieu of Courses 1, 2 and 4 above (9 hours required)

7. I have enclosed _____(number) of multiple-choice examination questions with this application.
(At least 5 for each hour of instruction are required.)

8. Please check the appropriate box.

- This is our school's first application for approval to offer continuing education courses. I have submitted the appropriate school application and enclosed supporting documentation.
- We submitted an application for approval of a continuing education course in the past. No substantive changes have been made in the organizational structure, physical facilities, or policies of our school since. If substantive changes were made, they are included with this application.

9. INSTRUCTORS – Attach a list of instructors and clearly designate which course or courses each instructor will present. Also, complete an “Application for Approval of Real Estate Instructor” (Form #831) for each new instructor.

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10. Describe method of evaluating instructors:

11. Program Content - - Attach course outline. Itemize the number of educational hours for each portion or topic of the program or course. Attach supporting information, if necessary.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 12. Do you agree to inform the Department of any changes in the information which you provided in this application within 10 days following the date of the change? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is enrollment open to all licensees regardless of gender, race, sexual orientation, disability, religion, or age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you agree to monitor attendance, require students to complete the entire course and pass a multiple-choice exam (5 questions per hour of instruction, minimum) before issuing a certificate of attendance? Passing score for the exam must be 70%. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you agree to retain attendance records for at least 5 years after the program or course has been conducted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you agree to adhere to all pertinent state requirements in Chapter RL 25 of the Wisconsin Administrative Code? | <input type="checkbox"/> | <input type="checkbox"/> |
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17. On separate pages, describe **how your school will carry out the following procedures** for all distance education courses checked above.
- Ensure that instructors respond to enrolled students in a timely fashion.
 - Employ a means to monitor student mastery of the subject matter.
 - Distribute, collect and score exams and supplemental materials.
 - Report pass/fail information to students and issue certificates of completion.
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TO BE COMPLETED BY THE EDUCATIONAL ADMINISTRATOR

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Print Name and Title of Education Administrator

Date

Signature of Educational Administrator