



STATE REAL ESTATE COMMISSION
PO Box 2649
Harrisburg PA 17105-2649

Phone Number: 1-833-367-2762
Fax Number: 717-787-0250
www.dos.pa.gov/estate

APPLICATION FOR APPROVAL OF REAL ESTATE EDUCATION PROVIDER DISTANCE EDUCATION COURSE

This application applies to **all distance education programs**, including independent learning programs where there is no contact between the instructor and the student, and to **instructor-led learning programs** where the instructor and participant are separated by distance, and sometimes time, during the learning process. **All continuing education courses must be submitted to the State Real Estate Commission for approval prior to being offered.**

A separate application must be completed for interactive educational programs, including classroom or simulated classroom programs that provide significant, ongoing contact between the instructor and student during the learning process.

College and universities do not need to obtain approval for their pre-licensure courses, however, in order for a licensee to receive credit for a broker pre-licensure course taken as continuing education, that course must receive Commission approval prior to being offered.

APPLICATION CHECKLIST

- ☐ An application fee of \$25.00 in the form of a check or money order made payable to the "Commonwealth of Pennsylvania."
All fees are NON-REFUNDABLE regardless if a course is approved or not. A \$20.00 processing fee will be charged for any check returned unpaid by your bank, regardless of the reason.
- ☐ Detailed course outline including time sequence – If the course being taught does not use one of the Commission-developed outlines, you must submit a course content outline that includes a breakdown of time that will be spent on each topic.
- ☐ Course handouts
- ☐ Final examination and answer key
- ☐ Copy of method delivery approval
- ☐ Procedures for the Commission to access the course, including a user name and password



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Answer all questions on this application. All information must be type or legibly printed in black or blue ink.

1. Education Provider's Name: _____
2. Education Provider's Address: _____
 (Street)
- _____
- (City) _____ (State) _____ (Zip) _____
3. Education Provider's Director's Name: _____
4. Education Provider's Phone Number: (____) _____ - _____
5. Education Provider's Assigned Number (RE/RU/RUC): _____

Course Information

6. Course Title: _____
7. Course Length: _____ hours (2-hour minimum for any non-Commission-developed course)
8. Type of Course (mark all that apply):

<input type="checkbox"/> Sales Pre-Licensure – Required	<input type="checkbox"/> Broker Pre-Licensure – Required
<input type="checkbox"/> Continuing Education – Required	<input type="checkbox"/> Broker Pre-Licensure – Other/Elective
<input type="checkbox"/> Continuing Education – Elective	
- IF for Continuing Education – Elective,** has this course been approved for this provider before?

☐ Yes – Previously Issued Approval Number is: _____
☐ No
9. ARELLO/IDECC delivery method approval number (**REQUIRED**): _____

10. Explain how the course is designed to ensure that students demonstrate mastery of the content. If the course is a pre-licensure course that requires a proctored final examination, please explain how you meet this requirement:

11. Education Provider's Certification:

I certify that:

- ✓ This course is in compliance with Section 35.358 of the Commission's Regulations concerning administration of curriculum and, if a continuing education course, it also is in compliance with Section 35.384 of the Commission's Regulations concerning qualifying courses.
- ✓ A transcript will be provided to students for all pre-licensure courses.
- ✓ A continuing education transcript will be provided to the student upon request.
- ✓ This application is in the original format and has not been altered or modified in any way.
- ✓ I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. Section 4911.

(Education Director's Signature)

(Date)