



# CONTINUING EDUCATION COURSE APPLICATION

State of Utah  
Department of Commerce  
Division of Real Estate

Please complete (type or neatly print) and submit this **form**, the **items listed below**, and **non-refundable fee (\$75)** to the Utah Division of Real Estate by fax, mail, or in person at the address below.

**\*\*APPLICATIONS MUST BE SUBMITTED NOT LESS THAN 30 DAYS PRIOR TO THE DATE OF THE FIRST CLASS\*\***

OFFICE USE ONLY	
Date Reviewed _____	By _____
( ) Denied ( ) Approved	
Certification _____	Exp. _____

<p><b>-Do not provide credit card information on this form-</b> Please call the Division to make a credit card payment.</p> <p>If paying by check, mail check payment with application to :160 E. 300 S., 2nd Floor, SLC, UT 84111 or PO Box 146711, SLC, UT 84114-6711 Make checks payable to: Utah Division of Real Estate.</p>
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Industry:  Appraisal  Real Estate Credit Hours Requested: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Description:  Classroom  Distance Learning  Virtual Live Course Credit:  Core  Elective

\*\*Course Date(s): \_\_\_\_\_ Education Provider ID # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

- CE Instructor Application or copy of the Instructor Certification for each proposed course instructor.  
Instructor License #: \_\_\_\_\_
- A copy of the written policy and procedure for ensuring student attendance during class time.
- For Distance Education approval, submit instructions for accessing and reviewing the course.
- A timed course outline that provides a subject matter description for **each 15-minute interval**, using the following format.

Provide learning objectives that indicate how the course will improve the licensee's ability to protect and serve the public.  
(If requesting core credit please be specific as to why this course should be approved as core credit):

Licensee will be able to: \_\_\_\_\_

\_\_\_\_\_

Licensee will be able to: \_\_\_\_\_

\_\_\_\_\_

Licensee will be able to: \_\_\_\_\_

\_\_\_\_\_

Licensee will be able to: \_\_\_\_\_

\_\_\_\_\_

I have read and understand the administrative rules governing continuing education. I agree to allow the course to be audited on an unannounced basis by the Division. I also agree to not market for a specific company, professional service, or personal sales products.

Signature \_\_\_\_\_ Date \_\_\_\_\_