

Vermont Real Estate Commission

National Life Building North F12,
Montpelier, VT 05620-3402
Phone: (802) 828-3228/Fax: (802) 828-2465
E-mail: jgriffen@sec.state.vt.us Website: www.vtprofessionals.org

Application for Education Program Approval

Important! – Please Read – All Incomplete Application will be returned:

You must submit **an original and five copies** of the Application and program information. This material will be reviewed by the education Subcommittee. Submissions must be received 90 days prior to the first course offering. Please send completed application to the address at the top of this application.

School Sponsor Name:

Full Address:

Contact Person:

Telephone:

Web Address:

Email Address:

Course Title:

Instructor(s):

Classroom: **Distance Education:** **Hours requested:**

Continuing Education: **Pre-Licensing Education:** **Both:**

Please attach the following documentation with this application:

Program Information:

- Course description
- Timed course outline
- Learning objectives i.e., what specific topics you expect students to know upon completion:
- Other

Implementation And Instruction:

- Method(s) of instruction (be specific):
- Classroom or Distance education, (if distance include ARELLO certification)
- Other

Audio/Visual Aids (attach sample)

- Films, slide presentations, tapes, etc.
- Overhead Transparencies:
- Graphs/Charts, etc.:
- Other

Textbooks/Workbooks/Publications (attach sample)

- Reading assignments
- Other

Instructor(S) (Distance/online education courses must include an instructors name and contact phone number)

- Instructor information (attach complete information for each instruction – resume/bio)
- Other

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. I have read the course provider responsibilities information sheet and agree to adhere to all requirements.

Signature of Course Sponsor/Instructor

Date

Course Provider/Sponsor Responsibilities

Along with the information provided in the application it is important that you be aware of your responsibilities. We have developed the following responsibility sheet to facilitate your administrative requirements. The Provider must:

1. Avoid any interference through advertising or oral representation that the Real Estate Commission has endorsed or recommended this program.
2. Must make a reasonable effort to encourage students to offer comments to the committee regarding the course and to abide by the pertinent statutes and real estate commission rules.
3. Inform the committee immediately of any change or changes in the circumstances which would render inaccurate information contained in this application.
4. Prepare program certificates in the format prescribed below or similar format providing all the same information.
5. Prepare a participant list; to be sent to the Commission if requested. Copies of these lists must be maintained by the course sponsor for a period of not less than three years.
6. Prepare a summary of student evaluations, using the evaluation form and entering the number of responses to each question. The evaluations and summary must be submitted within 10 days of the course offering.
7. Immediately notify the Commission of any changes in dates, locations, format, instructors or content. Changes in program content or instructors required that the program be re-approved.
8. It is the provider's responsibility to check the real estate commission website at www.vtprofessionals.org/oprl/real_estate/ for confirmation that the course has been approved or denied. If for some reason it is not on the website after 45 days you may email the office at jgriffen@sec.state.vt.us to see why it is not on the website. Please do not call.
9. Program approval expires two years from the date of approval; should you desire approval beyond that date, it will be necessary to complete a new application. You can download the form off our website.

Sample Continuing Education Record Form

(Provider/Sponsor Name)

Continuing Education Record

This is to certify that **(Name of Student/Licensee)**.

Has fully completed **(# of Hours)** hours of an approved continuing education/pre-licensing education, entitled:

(Program Name)

(Program Date(s))

Certified by: _____
(signature of instructor/provider) (date)

Important information for Student/Licensee: You must retain this Certificate in your personal records for a minimum of four years from the date of issue.