

**INDIVIDUAL REQUEST FOR REAL ESTATE
CONTINUING EDUCATION CREDIT**

IDENTIFICATION NUMBER _____ LICENSE NUMBER _____

NAME: _____

ADDRESS: _____ PHONE: () _____

CITY, STATE & ZIP: _____ E-Mail: _____

COURSE TITLE: _____

NUMBER OF HOURS (excluding registration and breaks): _____

LOCATION: _____ COURSE SPONSOR: _____

ADDRESS: _____ PHONE: () _____

CITY, STATE, ZIP: _____

LOCATION OF SEMINAR: _____

YOUR REQUEST WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING ITEMS:

1. Course outline
2. Sample of advertising used for promotional purposes
3. Background information on instructors
4. Course completion certificate or certified college transcript.
(Completion certificate must indicate the course title, date(s) of attendance, number of hours completed, and licensee's name.
5. Brief explanation from you as to how this course fulfills the requirements of Code 605:10-3-6 (e) (3) or (4).

Date: _____ Signature: _____

Note: You are requesting a Real Estate related course to be reviewed for Real Estate Continuing Education credit. The above information and enclosures must be submitted to enable the Oklahoma Real Estate Commission to understand the full scope of the course. You will be notified if the course(s) has been approved for credit, or determined not in compliance with the controlling standards. Courses completed prior to the date of your current license period will not be considered for credit. Courses must be a minimum of two (2) clock hours.

THIS AREA FOR OREC USE ONLY

Approved for _____ hours of required subject matter and _____ hours of elective subject matter.

Approved by: _____ Date: _____