



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Bureau of Educational Standards  
P.O. Box 22001  
Albany, NY 12201-2001  
(518) 486-3803  
<https://dos.ny.gov>

## Real Estate 30 Hour Supplemental Course Approval Application

**PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**There is no fee for this application.**

- » All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- » Annual registration period runs from September 1st to August 31st.
- » Attach to application: the final examination(s) with answer key, reference page for each question and where the question falls in the curriculum. Distance Learning courses require additional information as indicated in Section 176.24.
- » Live Distance Education Courses require additional information as indicated in section 159.1.

**1. PLEASE INDICATE THE TYPE OF COURSE. Check all that apply.**

- CLASSROOM     
  DISTANCE LEARNING (Asynchronous)     
  LIVE DISTANCE EDUCATION (Synchronous with Instructor)

**2. EDUCATIONAL ORGANIZATION DATA**

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) TELEPHONE \_\_\_\_\_

( )

**DOES THIS INDIVIDUAL HOLD A NEW YORK STATE REAL ESTATE LICENSE?      YES      NO**

HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

( )

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

**3. CLASSROOM AND LIVE DISTANCE LEARNING COURSES ONLY**

**PRIMARY CLASSROOM COURSE LOCATION**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

**4. CLASSROOM COURSES ONLY SECONDARY CLASSROOM**

**LOCATIONS**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

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## 5. DISTANCE LEARNING EXAM LOCATIONS ONLY (MUST BE NEW YORK STATE LOCATION)

### PRIMARY EXAM LOCATION

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

## 6. DISTANCE LEARNING EXAM LOCATIONS ONLY (MUST BE NEW YORK STATE LOCATIONS)

### SECONDARY EXAM LOCATIONS

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

## 7. TYPE OF EDUCATIONAL ORGANIZATION OWNERSHIP

Is this organization an accredited College or University? YES NO If NO\*, Please complete one of the following:

**INDIVIDUAL:** (Please submit a certified copy of the Trade Name Certificate and complete the following for Owner.)

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

**PARTNERSHIP:** (Please submit a copy of Partnership Agreement and complete the following for all Partners.)

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

**CORPORATION:** (Please submit a copy of the Certificate of Incorporation and complete the following for all officers and other individuals who own 5% or more of the stock of this corporation. If needed, attach additional sheets.)

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

NAME HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP+4

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8. Has any owner, partner, owner of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity been convicted of any crime or offense, other than a minor traffic violation?

Yes\*  No **If Yes\*, submit a certified copy of each conviction.**

9. Has any license or permit issued to, applied for by any owner, partner, holder of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity, been denied, suspended or revoked by this state or elsewhere by any other governmental or regulatory body?

Yes\*  No **If Yes\*, please provide details.**

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**Course Instructors:** All instructors of approved courses must be approved with the Department of State. Applications for Real Estate instructor approval are available by request to the Division of Licensing Services, Bureau of Educational Standards. A one-time evaluation and filing fee of \$25 is required for each instructor's approval.

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## 10. COURSE CONTENT - ALL OF THE FOLLOWING MUST BE SUBMITTED:

- [ ] the final examination to be presented for the course, including the answer key, the reference source and reference page for each question and subject matter category.
- [ ] the passing grade for the examination \_\_\_\_\_%.
- [ ] a description of materials that will be distributed.
- [ ] the books that will be utilized in the course and final examination.
- [ ] list of names and signatures of individuals authorized to sign certificates (cannot be a real estate licensee or licensed/certified appraiser).
- [ ] additional documentation required for distance learning courses (Section 176.24).
  - letter from an outside organization certifying the design and delivery format
  - distance learning affidavit
- [ ] additional documentation required for live distance education courses (Section 159.1).
  - description of design and delivery format of course
  - description of design and delivery format of live proctored final examination

I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct.

I understand that any misstatement made on this application for approval could result in an immediate revocation or withdrawal of the recognition of the approval of the entity by the Department of State.

Coordinator Signature **X** \_\_\_\_\_ Date \_\_\_\_\_