



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 Renewal Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

» There is no fee for this application.

» Annual registration period runs from September 1st to August 31st.

1. PLEASE INDICATE THE COURSE CODE NUMBER: R- _____

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) _____

3. CLASSROOM AND LIVE DISTANCE EDUCATION 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 _____

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 _____

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6. DISTANCE LEARNING AND LIVE DISTANCE EDUCATION 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. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to the study material or procedures for taking attendance?

Yes* No If Yes*, attach explanation of change.

8. Has or will there be a change in any final examination?

Yes* No If Yes*, attach the final examination, answer key, reference source and page and subject matter category.

9. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be a real estate licensee or licensed/certified appraiser.)

PRINT NAME

SIGNATURE OF COORDINATOR

SIGNATURE

()
BUSINESS PHONE NUMBER

PRINT NAME

E-MAIL ADDRESS (if any)

SIGNATURE

DATE