



# 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 Continuing Education Course Approval Renewal Application

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

- » The non-refundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.
- » A non-refundable fee of **\$25** must be submitted for each additional location.
- » Annual registration period runs from January 1st through December 31st.
- » All instructors must be approved.
- » No classes may begin until final approval is granted.

### PLEASE INDICATE THE COURSE TITLE, CODE NUMBER AND HOURS.

TITLE: \_\_\_\_\_

CE \_\_\_\_\_ M \_\_\_\_\_ COURSE HOURS: \_\_\_\_\_

Check box if you are renewing this course to satisfy any portion of the following requirements. Check all that apply.

- Fair Housing/Discrimination  Law of Agency  Ethics  Recent Legal Matters (Which Must Be Taught by an Attorney)  Cultural Competency  Implicit Bias

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

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

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

COUNTY \_\_\_\_\_

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

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

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

COUNTY \_\_\_\_\_

CLASSROOM COURSES ONLY SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

COUNTY \_\_\_\_\_

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

COUNTY \_\_\_\_\_

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

COUNTY \_\_\_\_\_

1. 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.

2. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be real estate licensees.)

PRINT NAME \_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_

( )

SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PRINT NAME \_\_\_\_\_

EMAIL ADDRESS (if any) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FOR OFFICE USE ONLY EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_ EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_ ENTERED: \_\_\_/\_\_\_/\_\_\_ BY: \_\_\_\_\_ LABEL [ ]

FEE RECEIVED: \_\_\_\_\_ TO REVENUE: \_\_\_/\_\_\_/\_\_\_ APPROVAL MAILED: \_\_\_/\_\_\_/\_\_\_ RECEIPT #: \_\_\_\_\_

**A fee of \$20 will be charged for any check returned by a bank for insufficient funds.**