



Kansas Real Estate Commission

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Topeka, KS 66603-3785

krec@ks.gov (785) 296-3411
Fax: (785) 296-1771 www.krec.ks.gov

Public access is available by appointment only

EDUCATION INDIVIDUAL REQUEST FORM | RE-800

| INSTRUCTIONS | This is a fillable form |
|---|-------------------------|
| <p>Complete this form to request continuing education credit for a non-approved real estate related course. Courses completed prior to the issue date of your current license will not be considered. Data may be entered before printing this form.</p> <p>Please ensure prompt submission. If the request is denied, you must complete another course prior to your license expiration date. Licensees are limited to one appraisal-type course per two-year renewal period, for a maximum of three hours.</p> <p>All online, home study and distance education courses must include a closed-book, proctored final exam and a passing score of 70% or better, <u>or</u> an unproctored, open-book final and passing score of 90% or better.</p> <p>To check CEU hours, log in at www.krec.ks.gov.</p> | |

| REQUIRED DOCUMENTATION |
|--|
| <p>All course materials must be sent electronically to kreceducation@ks.gov and include the following:</p> <ol style="list-style-type: none"> 1. Course outline, brochure and any other documents which thoroughly describe the course content. 2. Background information on course instructors (resume, bio, etc.) 3. Evidence of course completion (if already completed) signed by the course sponsor or instructor. |

| FEES |
|---|
| \$10.00 - Enclose attached credit card payment form |

| LICENSEE INFORMATION: | |
|-----------------------|----------------|
| LICENSEE NAME | LICENSE NUMBER |

| COURSE AND PROVIDER INFORMATION: | | | |
|---|-----------------|------------------------------|-------|
| COURSE TITLE | | | |
| COURSE DATE | COURSE LOCATION | PROVIDER EMAIL | |
| HOURS OF INSTRUCTION (EXCLUDING MEALS AND BREAKS) | | CONTACT PERSON OR INSTRUCTOR | |
| COURSE SPONSOR | | | |
| PROVIDER ADDRESS | | | |
| CITY | STATE | ZIP | PHONE |

LICENSEE SIGNATURE

SIGNATURE DATE SIGNED

| | |
|--|----------------------------|
| Initials: _____ | COMMISSION USE ONLY |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied Fee: \$ _____ Deposit Date: _____ Notes: | |

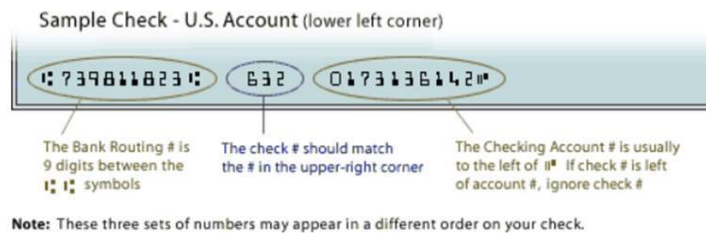
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Option1: CREDIT CARD PAYMENT INFORMATION

| | | |
|-------------------------------|---|---|
| Licensee Name: | Card Holder: (if different than licensee) | Email Address: (optional/for electronic receipt) |
| Card Number: | Expiration Date: | Zip Code: |
| Card Type: | | |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express <input type="checkbox"/> Discover |

Option 2: ELECTRONIC CHECK PAYMENT INFORMATION

| | | |
|---|--|---------------|
| Account Holder Name: | Email Address: (optional for electronic receipt) | |
| Transaction Type: | Account Type: | Check Number: |
| <input type="checkbox"/> Personal <input type="checkbox"/> Business | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Account Number: | Routing Number: | |



Submit to the Kansas Real Estate Commission by:

Email: kreceducation@ks.gov

Fax: 785-296-1771

After processing your payment, this document will be shredded.

If you prefer to provide your credit card information by phone, call 785-296-3411.