



**Kansas Real Estate Commission**

Jayhawk Tower  
700 SW Jackson St Ste 404  
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**

<b>INSTRUCTIONS</b>	<b>This is a fillable form</b>
<ul style="list-style-type: none"> <li>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.</li> <li>Please ensure prompt submission. If the request is denied, you must complete another course prior to your license expiration date.</li> <li>Licensees are limited to one appraisal-type course per two-year renewal period, for a maximum of three hours.</li> <li>A score of 90% or better is required on the exam or quiz questions for online, home study and distance education courses. To check CEU hours, log in at <a href="http://www.krec.ks.gov">www.krec.ks.gov</a>.</li> </ul>	

<b>REQUIRED DOCUMENTATION</b>
<p>All course materials must be sent electronically to <a href="mailto:kreceducation@ks.gov">kreceducation@ks.gov</a> and include the following:</p> <ol style="list-style-type: none"> <li>1. Course outline, brochure, and any other documents which thoroughly describe the course content.</li> <li>2. Evidence of course completion (if already completed) signed by the course sponsor or instructor.</li> <li>3. Passing score on exam or quizzes if the course was not in-person.</li> </ol>

<b>FEES</b>
\$10.00 - Enclose attached credit card payment form

<b>LICENSEE INFORMATION:</b>	
LICENSEE NAME	LICENSE NUMBER

<b>COURSE AND PROVIDER INFORMATION:</b>			
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: _____	<b>COMMISSION USE ONLY</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Fee: \$ _____ Deposit Date: _____ Notes:	

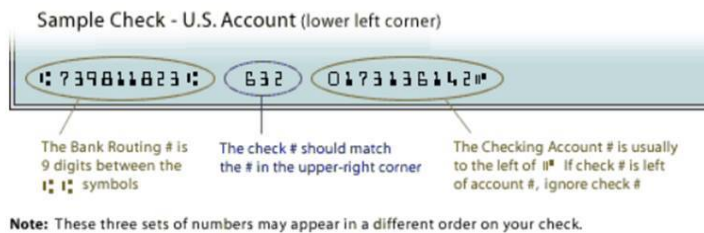
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**Option 1: CREDIT CARD PAYMENT INFORMATION**

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](mailto: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.