



**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>
<p>Complete this form to request up to nine elective CE credit hours for real estate-related courses not listed in the <a href="#">Directory of Approved Continuing Education Providers and Courses</a>. Request must be received 15 days prior to license expiration date.</p> <ul style="list-style-type: none"> <li>• Licensees are limited to a single three-hour appraisal-type course per renewal period</li> <li>• If denied, you must complete another course prior to your license expiration date. Check CE at: <a href="http://licensing.ks.gov/EGOV_KREC">licensing.ks.gov/EGOV_KREC</a>.</li> </ul>	

<b>REQUIRED DOCUMENTATION</b>
<p>The following materials <b>must</b> be included for each course and sent electronically to <a href="mailto:kreceducation@ks.gov">kreceducation@ks.gov</a>:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Course outline</li> <li><input type="checkbox"/> Course completion certificate signed by the course sponsor or instructor</li> <li><input type="checkbox"/> Proof of passing score of 90% or better on exam or quiz questions for distance education courses</li> </ul>

<b>FEES</b>
<input type="checkbox"/> \$10.00 per course - Enclose attached credit card payment form

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

<b>COURSE AND PROVIDER INFORMATION:</b>	
COURSE TITLE	SCHOOL NAME
DATE OF COMPLETION <small>WITHIN CURRENT RENEWAL PERIOD ONLY</small>	COURSE LOCATION <input type="checkbox"/> DISTANCE/VIRTUAL <input type="checkbox"/> IN-PERSON
NON-RESIDENTS: IS THIS COURSE APPROVED IN YOUR STATE OF RESIDENCE? <input type="checkbox"/> YES, AND I'VE INCLUDED PROOF	

<b>COURSE AND PROVIDER INFORMATION:</b>	
COURSE TITLE	SCHOOL NAME
DATE OF COMPLETION <small>WITHIN CURRENT RENEWAL PERIOD ONLY</small>	COURSE LOCATION <input type="checkbox"/> DISTANCE/VIRTUAL <input type="checkbox"/> IN-PERSON
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**LICENSEE SIGNATURE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

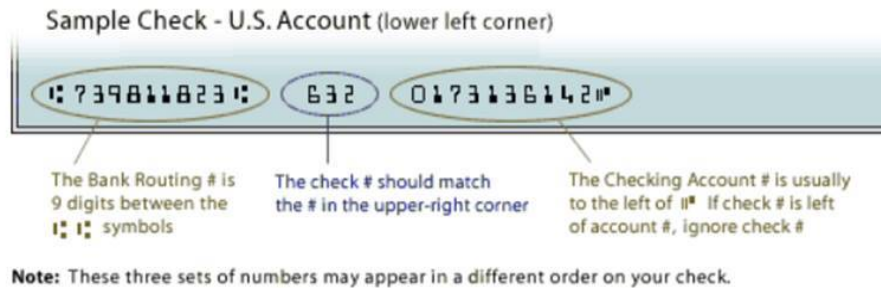
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**Option 1: CREDIT CARD PAYMENT INFORMATION**

Card Holder Name:	Email Address: (for electronic receipt)
Card Number:	Card Expiration Date:

**Option 2: ELECTRONIC CHECK PAYMENT INFORMATION**

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